令和　　年　　月分　　　**移動支援事業サービス提供実績記録票　兼　請求明細書**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受給者番号 | | | |  |  |  | |  |  | |  |  |  |  | |  | | 支給決定障害者等氏名(児童氏名) | |  | | | | | | 登録事業所番号 | | | | | | | | | | | | | | | | |
|  | | |  | |  | |  | | |  | |  | |  | |  |
| 契約時間 | | | | 時間／月 | | | | | | 利用者負担額 | | | | | 円/30分 | | | | 利用者負担額上限 | | | | 円 | | 法人名及び  その事業所 | | | | | | |  | | | | | | | | | | |
| 日付 | | 曜日 | サービス内容 | | | | | | | | | | | | | | | | | | | サービス提供時間 | | | | | | | | 利用者負担額 | | | | | サービス提供者印 | | | | 利用者確認印 | | | |
| 開始時間 | | 終了時間 | | | 算定時間数 | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
| 合計 | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | | | | |  | | | |  | | | |
| 報　　酬　　額 | | | | | | （×）算定時間数 | | | | | | | | | | （－）利用者負担額合計 | | | | （＝）請　　求　　額 | | | | | | |  | |  | | | | 枚 | | |  | | | | 枚中 | |
| \　　　　　円／時 | | | | | | 時間 | | | | | | | | | | 円 | | | | 円 | | | | | | |  | |  | | | |  | | |  | | | |  | |