様式第7号(第11条関係)

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| 居宅介護用品券換金請求書  　　年　　月　　日  　　豊後大野市長　　　　　様 | | | | | | | | | | | | |
|  | | | | | | 請求者 | |  | | | | |
|  | | | | | | 登録業者 | | 住所  店名　　　　　　　　　　　　　　㊞ | | | | |
| 請求金額　金　　　　　　円(ただし　　　　月分として) | | | | | | | | | | | | |
| 内訳 | | | | | | | | | | | | |
|  | 被保険者番号 | 要介護高齢者氏名 | | 品名 | 購入金額A | | | 用品券単価B | 用品券枚数C | B×C  ＝D | 請求額  (AとDのいずれか少ない額) |  |
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|  | 合計 | |  |  | | |  |  |  |  |
| 居宅介護用品券を添えて、上記のとおり請求いたします。  　振込先 | | | | | | | | | | | | |
|  | 金融機関 | | | | | | 支店名 | | | | |  |
|  | | | | | |  | | | | |
| 種別 | | 口座番号 | | | | 口座名義(フリガナ) | | | | |
| 1　普通　　2　当座 | |  | | | |  | | | | |
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