様式第22の2号（第23条関係）

居宅介護契約内容報告書記録

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受給者証記入欄番号 | 事業者及びその事業所の名称 | 指定基準該当 | サービス内容 | 契約支給量 | 契約日 | 報告日 | 当該契約支給量によるサービス提供終了日　　 | サービス提供終了月中の終了日までの既提供量 | 報告日 | 備考 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
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居宅介護サービス内容別支払実績表

（サービス内容　　　　　　　　）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業者及びその事業所の名称 |  | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 計 |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 決定支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 契約支給量合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額計 |  |  |  |  |  |  |  |  |  |  |  |  |  |