様式第52号（第41条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 身体障害者・知的障害者　児童  居宅生活支援費・施設訓練等支援費　請求書  椎葉村長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 請求金額 | | 十億 | | |  | |  | | | 百万 | | |  | |  | | | | 千 | | | | |  | | | |  | | | | 円 | | |  |
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|  | 内訳 |  | |  |  | | 年 | |  |  | | | 月分 | |  | | | | | | | | | | | | | | | | | | | | |  |
| 請求支援費名 | | | | | | | | | | | | | 明細書件数 | | | | | | | | 金額 | | | | | | | | | | | | |
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| 合計 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 上記のとおり請求します。  年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | 事業者番号 | | | | |  |  |  | |  |  | |  | |  |  |  | |  |  |  | |  |  |  |
| 請求事業者 | | | | | 住所  (所在地) | | | | | | | 〒 | | | | | | | | | | | |
| 電話番号 | | | | | | |  | | | | | | | | | | | |
| 名称 | | | | | | |  | | | | | | | | | | | |
| 職・氏名 | | | | | | |  | | | | | | | | | | | |
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