様式第55号（第41条関係）

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| 施設訓練等支援費明細書  （身体障害者更生施設　身体障害者療護施設　身体障害者授産施設　知的障害者更生施設　知的障害者授産施設　知的障害者通勤寮　心身障害者福祉協会の設置する福祉施設） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | |  | |  | | 年 | | |  | |  | | | 月分 | |  | 指定施設の名称 | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 施設受給者証番号 | | | | | | | | | | | | | | | 利用者氏名 | | | 支援費基準月額単価 | | | 利用者負担基準月額単価（本人） | | | | | | | 利用者負担基準月額単価（扶養義務者） | | | | | | 当月施設訓練等支援費請求額 | | | | | 基準月額単価と当月算定額が異なる場合の積算根拠と理由 | | | |  |
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| 小計 | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |  | | | | | |  | | | | | 本明細書の小計を記入 | | | |
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| 当月施設訓練等支援費請求合計 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | 明細書が複数枚となる場合、最終枚に記入 | | | |
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