（様式第７号の３）　　　　　　　年　　　月分　　　移動支援事業サービス提供実績記録票

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 利用決定番　　号 |  |  |  |  |  | |  |  |  |  |  | 利用決定障がい者等氏名(児童氏名) | |  | 事業所番号 | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 契約利用量 | 身体介護を伴　　　う | | | | |  | | | | | | | 身体介護を  伴わない |  | 事業者及びその事業所 | | | | |  | | | | | | | | | | | |
| 利用者負担上限月額 | | | | | | | | | | | | | | |
| 円 | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 日付 | 曜日 | サービス  内　　容 | 移動支援計画 | | | サービス提供時間 | | 算定  時間数 | 派遣  人数 | 利用者  負担額 | 提供者印  サービス | 確認印  利用者 |  |
| 開始  時間 | 終了  時間 | 計画  時間数 | 開始  時間 | 終了  時間 |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
| 身体介護を伴う  合計 | | |  |  |  |  |  |  |  |  |  |  |
| 身体介護を伴わない合　　　　　　　計 | | |  |  |  |  |  |  |  |  |  |  |
| 合計 | | |  |  |  |  |  |  |  |  |  |  |