（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

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| 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 |
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| 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 |
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| 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 |
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| 身体介護を伴う合計 |  |  |  |  |  |  |  |  |  |  |
| 身体介護を伴わない合　　　　　　　計 |  |  |  |  |  |  |  |  |  |  |
| 合計 |  |  |  |  |  |  |  |  |  |  |