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| **様式第３号（第８条関係）** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **椎葉村高齢者及び障がい者バス利用助成金請求書** | | | | | | | | | | | | | | | | | | | | | | | |
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| **椎 葉 村 長 　殿** | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  | |  |  |  | **請求者** | | | **住　　所　　　椎葉村大字** | | | | | | | | | |
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|  | **年度椎葉村高齢者及び障がい者バス利用に伴う乗車料を助成されたく、　　　　　　　　下記のとおり請求いたします。** | | | | | | | | | | | | | | | | | | | | | | |
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|  | **氏　　　名** | | | | | | | | | **回数** | | | **乗車料** | | | | | **助成額** | | | | **交付番号** | |
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|  | **振込先** | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **金融機関** | | | | | **宮崎銀行椎葉支店　　・　　日向農協椎葉支店** | | | | | | | | | | | | | | | | | |
|  | **口座番号** | | | | | **普通　　　・　　　当座** | | | | | | | | | | | | | | | | | |
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|  | **※請求期限は年度内の３月３１日です。 　 ただし、３月分は４月１０日となります。** | | | | | | | | | | | | | | | | | | | | | | |
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