様式第4号(第2条関係)

保護金品支給台帳

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 地区 |  | | | 定例支給日 | | 日 | | | ケース番号 |  | | | | 被保護者世帯氏名 | |  | | | | | | | |
| 月別 | | 生活扶助 | 教育扶助 | | | | 住宅扶助 | 医療扶助 | | | 介護扶助 | | 出産扶助 | | | 生業扶助 | | 葬祭扶助 | | 扶助 | 合計 | | 摘要 |
| 4月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 5月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 6月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 7月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 8月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 9月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 10月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 11月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 12月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 1月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 2月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 3月分 | |  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |  |
|  |  | | | |  |  | | |  | |  | | |  | |  | |  |  | |
| 現物支給 | | | | | | | | | | | | 現物支給 | | | | | | | | | | | |
| 支給月日 | | 品目 | | | 数量 | | 金額 | | 摘要 | | | 支給月日 | | | 品目 | | 数量 | | 金額 | | | 摘要 | |
|  | |  | | |  | |  | |  | | |  | | |  | |  | |  | | |  | |
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