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| 様式第 2 号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | 請　求　書 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 請求金額　　　　　　　　　　円 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | これは、介護予防ケアマネジメント業務に係る委託料（　　月分）として |
|  |  | 委託業務費の　　区分 |  単価（円） | 件数（件） | 金額（円） |  |  |
|  |  | 電子データ提出 | 4,420 | 　 | 　 |  |  |
|  |  | その他データ 　提出 | 3,980 | 　 | 　 |  |  |
|  |  | 初回加算分 | 2,700 | 　 | 　 |  |  |
|  |  | 委託連携加算 | 3,000 | 　 | 　 |  |  |
|  |  | 高齢者虐待防止措置未実施減算  | -40 | 　 | 　 |  |  |
|  |  | 業務継続計画未策定減算 | -40 |  |  |  |  |
|  |  | 合　　計 | 　 | 　 | 　 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 八頭町長　様 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | 上記の金額を請求します。 |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  | 住　所 |  |  |  |  |  |  |  |  |  |  |  |
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