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| 様式第 2 号 | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |
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|  |  | 請　求　書 | | | | | | | | | | | | | | | | | | | |  | |  | |
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|  |  |  |  |  |  | 請求金額　　　　　　　　　　円 | | | | | | | | | | | |  |  |  |  | |  | |
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|  | 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 | | | |  | | | | |  | | | |  | | | | | | |  | |  | |
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|  |  | 八頭町長　様 | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |
|  |  |  | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | |  | |
|  |  | 上記の金額を請求します。 | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | |  | |
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|  |  |  |  |  |  |  |  |  | 住　所 | | |  |  |  |  |  |  |  |  |  |  | |  | |
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|  |  |  |  |  |  |  |  |  | 氏　名 | | |  |  |  |  |  |  |  |  |  |  | | ㊞ | |
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