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|  |  | 様式第4号  請　求　書 | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  |  |  |  |  | 請求金額　　　　　　　　　　　　円 | | | | | | | | | | | | |  |  |  |  |  |
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|  | これは、地域リハビリテーション活動支援事業業務に係る報償費として | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 単価（円） | | | | | | 件数（件） | | | | | | | | 金額（円） | | | | | |  |  |
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|  |  |  | 上記の金額を請求します。 | | | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |
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