

伊丹市移動支援事業請求内訳書（平成 年 月分）

事業所名 _____

| NO. | 利用者氏名 | 当月給付費合計 ① | 当月利用者負担額合計 ② | 当月移動支援事業請求額 ①-② |
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| 1 | | | | 0 |
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| 請求額合計 | 0 |
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