様式第７号（第１１条関係）

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| 移動支援事業実施報告書  　あま市長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 受給者証番号 | | |  |  |  |  |  |  |  |  | |  |  |  | | 事業所番号 | |  | | |  |  | |  |  |  | |  | |  | |  |  |  |
| 支給決定障がい者等氏名 | | |  | | | | | | | | | | | 事業者及びその事業所の名称 | |  | | | | | | | | | | | | | | | |  |
| 支給決定に係る障がい児氏名 | | |  | | | | | | | | | | |
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|  | 費用の額計算欄 | サービス内容 | | | | | | | | | | 算定単位額 | | | | | | 算定回数 | | | 当月算定額 | | | | | | | | | 摘要 | | | | |  |
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| 当月費用の額合計 | | | | | | | | | | | | | | | | | | | ① | | | | | | | | |  | | | | |
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|  | | 当月利用者負担額 | | | | | | | | | | | | | | | | | | | ② | | | | | | | | |  | | | | |  |
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|  | | | 当月請求額①－② | | | | | | | | | | | | | | | 円 | | | | | | | | | | | |  | | | | | |
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| （添付書類）  　　　　移動支援事業利用状況内訳書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

移動支援事業利用状況内訳書

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| --- | --- | --- | --- | --- |
| 年　　月分 | 受給者番号 |  | 利用者氏名 |  |

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| 日付 | 曜日 | サービス提供時間 | | 算定  時間 | 算定時間の内訳 | | | | 利用者  負担額 | 利用者  確認欄 |
| 提供時間 | 控除時間 | 6～ | 8～ | 18～ | 22～ |
| 開始時間　終了時間 | 開始時間　終了時間 |
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| 合計 | | | |  |  |  |  |  |  |  |

※利用時間帯ごとに0.5時間を単位として記入すること。