様式第7号(第11条関係)

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| 訪問入浴サービス事業実施報告書  　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)  　　訪問入浴サービス事業利用状況内訳書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

　　　　年　　月分　　　　　　　　訪問入浴サービス提供実績記録票

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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(障がい児氏名) |  | | | | | | | | | | | 事業者及び  その事業所 |  | | | | | | | | | |
| 契約支給量 |  | | | | | | | | | | |

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| 日付 | 曜日 | サービス提供実績 | | 利用者負担額 | 利用者確認欄 | 備考 |
| 開始時間 | 終了時間 |
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| 合計 | | | |  |  |  |