様式第１０号（第１４条関係）

地域生活支援（給付）事業費明細書

（移動支援，日中一時支援，地域活動支援センターⅡ型，福祉ホーム）

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|  |  |  | 年 |  |  | 月分 |

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| 事業所番号 |  |  |  |  |  |  |  |  |  |  |  |
| 事業者およびその事業所の名称 |  | | | | | | | | | | |

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| 受給者証番号 |  |  |  |  |  |  |  |  |  |  |
| 支給決定障害者等  氏名 |  | | | | | | | | | |
| 支給決定に係る児童氏名 |  | | | | | | | | | |

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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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| 利用者負担額等計算欄 | 利用者負担額等の内訳 | 当月算定額 | 摘　要 |
| 利用者負担額 |  |  |
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| 当月利用者負担額等合計 | ② |  |

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| 当月地域生活支援（給付）事業費請求額　①－② | 円 |

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