別記様式(第6条関係)

介護サービス平準化交通費支給(申請)請求書

年　　月　　日

　山県市長　　　　様

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 事業所名  住所  電話 | | | | | | | | | | |
| 事業所番号 |  |  |  |  |  |  |  |  |  |  |

　　　　　　年　　　　月分　　　請求金額　　金　　　　　　　円

(内訳)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | 被保険者番号 | | | | | | | | | | 被保険者氏名 | 被保険者住所 | 事業所から被保険者宅までの距離　(km) | サービスの種類 | 提供回数 | 交通費 | 支給額 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合計 | | | | | | | | | | | 人 |  | | | 回 |  | 円 |