（様式）

日中一時支援支援費明細書

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| 令和 |  |  | 年 |  |  | 月分 |

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| 事業所登録番号 |  |
| 事業者及び  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 |  | | | | | | | | | |
| 支給決定に係る障害児氏名 |  | | | | | | | | | |

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| 費用の額計算欄 | サービス内容 | 算定単価額 | 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 |  |  |
|  |  |  |
|  |  |  |
| 当月利用者負担額等合計 | ② |  |

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| 当月日中一時支援費請求額　①－② | 円 |

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