様式第12号(第13関係)

**記載例**

**※太字の部分が記載となります。**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 雲仙市地域生活支援給付事業明細書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **２７** | | | | 年 | | | | | | **８** | | | | | 月分 | | | | | | | |
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| 受給者証番号 | | | | **４** | **２** | **２** | | **１** | **３** | **０** | | **×** | **×** | **×** | **×** |  | | | 事業所番号 | | | | **１** | | **２** | **３** | | | **４** | | **５** | **６** | | **７** | **８** | | | | **９** | **０** | |  |
| 支給決定  利用者等氏名 | | | | **○○　○○** | | | | | | | | | | | | | | | | 事業者及びその事業所の名称 | | | | **居宅支援事業所　○○○○** | | | | | | | | | | | | | | | | | | |
| 支給決定に係る児童氏名 | | | | **○○　○○** | | | | | | | | | | | | | | | |
| 地域区分 | | | | | | | | | | | | **その他** | | | | | | |
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| 費用の額計算欄 | サービスコード | | | | | | サービスの内容 | | | | | | | | | | | 算　定  単位額 | | | 算定  回数 | | | | | | 当月算定額 | | | | | | | | | 摘要 | | | | | | |
| 種類 | | 項目 | | | |
| **19** | | **3115** | | | | **移動支援１日中１．０** | | | | | | | | | | | **3,880** | | | **6** | | | | | | **23,280** | | | | | | | | |  | | | | | | |
| **19** | | **3123** | | | | **移動支援１日中２．０** | | | | | | | | | | | **6,440** | | | **1** | | | | | | **6,440** | | | | | | | | |  | | | | | | |
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| 当月費用の額の合計 | | | | | | | | | | | | | | | | | | | | | | | | | | 1. 29,720 | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用者から徴収した額等計算欄 | 利用者から徴収した額等の内訳 | | | | | | | | | | | | | | | | | | | | | | | | | | | 当月算定額 | | | | | | | | | 摘要 | | | | | |
| 利用者負担額 | | | | | | | | | | | | | | | | | | | | | | | | | | | **0** | | | | | | | | |  | | | | | |
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| 当月利用者負担額等合計 | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. **0** | | | | | | | | |  | | | | | |
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|  | | 当月地域生活支援給付事業請求額　①－② | | | | | | | | | | | | | | | | | | **29,720**円 | | | | | | | | | | | | | | | | | |
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