請求書

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| 金　額 | 千 | 百 | 十 | 億 | 千 | 百 | 十 | 万 | 千 | 百 | 十 | 円 |
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ただし，　仙台市里帰り等妊産婦健康診査・新生児聴覚検査・1か月児健康診査補助金　　として  
　（内訳のとおり）

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| 小　　　計 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |
| 消費税及び地方消費税 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |
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| 上記（裏面）の金額を請求します。 | | | | | | | | | | | | | | | | | | | | | | | | | | 令和　　　年　　月　　日 | | | | | | | | | | | | | | | | |
| （あて先）仙台市（区）長 | | | | | | | | 住所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| □ 登録債権者ですので指定した方法でお支払いください。 | | | | | | | | 氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| （債権者電話番号下4桁） |  | |  |  |  | | | 電話 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| □ 口座を複数登録していますので　　右のとおり振込  ☑ 登録していませんので　　　　　　　　してください。  （上記のいずれかに印をつけてください） | | | | | | | 振込先銀行 | |  | | | | | | | | | | | 銀行 | | | | |  | | | | | | | | | | | | | 支店 | | | | |
| 普通  ２ 当座 | | | 口座  番号 | | | |  | |  | | | | |  | | | | |  | | |  | | |  | | | | |  | | | |
| 口座名義 | | フリガナ | | |  |  | |  | |  | |  | |  | | |  | | |  | |  |  | |  |  | |  | |  | | | | |  |
| 注  １　金額は，アラビア数字で記入してください。  ２　首標金額の訂正は認めません。  ３　首標金額の一桁上位の欄に￥印を記入してください。 | | | | | | |  |  | |  | |  | |  | |  | | |  | | |  | |  |  | |  |  | |  | |  | | | | |  |
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