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，　仙台市産後ケア事業 宿泊型・デイサービス型 委託料（令和　　　年　　　月分）として（内訳のとおり）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 内　　　　　　　　　　　訳 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 品　　　名 | | | 規　格 | | | | 単位 | | | 数量 | | | | | | 単　価 | | | | | | | | | | | | 金　　　額  円  円 | | | | | | | | | | | | | | |
| 宿泊型：課税世帯 | | |  | | | | 日 | | |  | | | | | | 24,500 | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |
| 宿泊型：非課税・生活保護世帯 | | |  | | | | 日 | | |  | | | | | | 27,700 | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |
| 宿泊型：多胎児加算 | | |  | | | | 日 | | |  | | | | | | 5,200 | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |
| デイサービス型：課税世帯 | | |  | | | | 日 | | |  | | | | | | 14,800 | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |
| デイサービス型：非課税・生保世帯 | | |  | | | | 日 | | |  | | | | | | 16,600 | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |
| デイサービス型：多胎児加算 | | |  | | | | 日 | | |  | | | | | | 2,100 | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |
| 緊急受入加算 | | |  | | | | 回 | | |  | | | | | | 2,000 | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |
| 受入調整加算 | | |  | | | | 回 | | |  | | | | | | 1,000 | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |
| 備品購入費 | | |  | | | |  | | |  | | | | | |  | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |
| 相談受入体制整備加算 | | |  | | | |  | | |  | | | | | | 219,000 | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |
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| 小　　　計 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
| 消費税及び地方消費税 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
| 合　　　計 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
| 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 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| □ 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 | | | |  | | | | | | | | | | | | | | | 店 | | | |
| １　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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