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，　仙台市子育て世帯訪問支援事業委託料第　　　四半期分　として（内訳のとおり）

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| 品　　　名 | | 規　格 | | | | | 単位 | | | 数量 | | | | | | 単　価  円 | | | | | | | | | | 金　　　額  円 | | | | | | | | | | | | | | | | |
| 1時間負担額　0円世帯 | | 9時～18時 | | | | | 時間 | | |  | | | | | | 2,700 | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
| 1時間負担額600円世帯 | | 9時～18時 | | | | | 時間 | | |  | | | | | | 2,100 | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
| 初回訪問加算 | |  | | | | | 回 | | |  | | | | | | 2,000 | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
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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 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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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 | | | | |  | | | | | | | | | | | | | | 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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請求内訳

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| 小　　　計 | | | | | |  |  |
| 消費税及び地方消費税額 | | | | | |  |  |
| 合　　　計 | | | | | |  |  |

請求書

ここの金額は訂正不可。間違えたら新しく

書き直してください。

記入例

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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，　仙台市子育て世帯訪問支援事業委託料第 *３* 四半期分　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  円 | | | | | | | | | | 金　　　額  円 | | | | | | | | | | | | | | | | |
| 1時間負担額　0円世帯 | | 9時～18時 | | | | | 時間 | | | *４* | | | | | | 2,700 | | | | | |  | | | | *１０，８００* | | | | | | | | | | | | | | |  | |
| 1時間負担額600円世帯 | | 9時～18時 | | | | | 時間 | | | *１０* | | | | | | 2,100 | | | | | |  | | | | *２１，０００* | | | | | | | | | | | | | | |  | |
| 初回訪問加算 | |  | | | | | 回 | | | *２* | | | | | | 2,000 | | | | | |  | | | | *４，０００* | | | | | | | | | | | | | | |  | |
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| 請求内訳は白紙でも構いませんが、第４四半期の事務費・管理費の請求にあたって表面に書ききれない場合にご活用ください。 | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
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| 小　　　計 | | | | | | | | | | | | | | | | | | | | | | | | | | *３５，８００* | | | | | | | | | | | | | | |  | |
| 消費税及び地方消費税  日付は空欄と  してください。 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
| 合　　　計 | | | | | | | | | | | | | | | | | | | | | | | | | | *３５，８００* | | | | | | | | | | | | | | |  | |
| 上記（裏面）の金額を請求します。 | | | | | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | |
| （あて先）仙台市（区）長 | | | | | | | | 住所  契約書と同じ。  違う場合には  委任状が必要。 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | |  | | | R4.4.1から  押印不要 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| □ 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 | | |  |  |  | | |  | |  | |  | | |  | | |  | |  |  | |  |  | |  | | |  | | | |  |
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請求内訳

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