請求書

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 金　額 | 千 | 百 | 十 | 億 | 千 | 百 | 十 | 万 | 千 | 百 | 十 | 円 |
|  |  |  |  |  |  |  |  |  |  |  |  |

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）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |  | | | | | 時間 | | |  | | | | | | 3,000 | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
| 1時間負担額600円世帯 | |  | | | | | 時間 | | |  | | | | | | 2,400 | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
| 初回訪問加算 | |  | | | | | 回 | | |  | | | | | | 2,000 | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
| 訪問支援キャンセル  ※ヤングケアラ―のいる世帯のみ | |  | | | | | 回 | | |  | | | | | | 600 | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
| 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。 | | | | | |  |  |  | | |  | |  | |  | | |  | | |  | |  |  | |  |  | |  | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

請求内訳

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 品　　　名 | 規格 | 単位 | 数量 | 単　価  円 | | 金　　　額  円 | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 金　額 | 千 | 百 | 十 | 億 | 千 | 百 | 十 | 万 | 千 | 百 | 十 | 円 |
|  |  |  |  |  |  | *￥* | *３* | *2* | *6* | *0* | *0* |

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）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |  | | | | | 時間 | | | *2* | | | | | | 3,000 | | | | | |  | | | | *6,000* | | | | | | | | | | | | | | |  | |
| 1時間負担額600円世帯 | |  | | | | | 時間 | | | *10* | | | | | | 2,400 | | | | | |  | | | | *24,000* | | | | | | | | | | | | | | |  | |
| 初回訪問加算 | |  | | | | | 回 | | | *1* | | | | | | 2,000 | | | | | |  | | | | *2,000* | | | | | | | | | | | | | | |  | |
| 訪問支援キャンセル  ※ヤングケアラ―のいる世帯のみ | |  | | | | | 回 | | | *1* | | | | | | 600 | | | | | |  | | | | *600* | | | | | | | | | | | | | | |  | |
| 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。 | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
| 小　　　計 | | | | | | | | | | | | | | | | | | | | | | | | | | *３2，6００* | | | | | | | | | | | | | | |  | |
| 消費税及び地方消費税  日付は空欄と  してください。 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
| 合　　　計 | | | | | | | | | | | | | | | | | | | | | | | | | | *３2，6００* | | | | | | | | | | | | | | |  | |
| 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 | | |  |  |  | | |  | |  | |  | | |  | | |  | |  |  | |  |  | |  | | |  | | | |  |
| 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。 | | | | | |  |  |  | | |  | |  | |  | | |  | | |  | |  |  | |  |  | |  | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

請求内訳

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 品　　　名 | 規格 | 単位 | 数量 | 単　価  円 | | 金　　　額  円 | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 小　　　計 | | | | | |  |  |
| 消費税及び地方消費税額 | | | | | |  |  |
| 合　　　計 | | | | | |  |  |