請求書

記入例

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 金　額 | 千 | 百 | 十 | 億 | 千 | 百 | 十 | 万 | 千 | 百 | 十 | 円 |
|  |  |  |  | \ | 2 | 7 | 7 | 5 | 0 | 0 | 0 |

ただし，　令和5年度仙台市福祉施設等食材料費負担軽減事業補助金　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 | | | | | | | | | | | | | | | | |
| 令和5年度仙台市福祉施設等食材料費負担軽減事業補助金  仙台市(R5健保支)  指令第　　　　号 | |  | | | |  | | | |  | | | |  | | | | | | | |  | | | | 2,775,000 | | | | | | | | | | | | | | |  | |
|  | | | |  | | | |  | | | |  | | | | | | | |  | | | | 補助金交付申請書の申請額を記入してください。 | | | | | | | | | | | | | | |  | |
|  | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
| 指令番号は**未記入**でお願いいたします。 | |  | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | |  | |
| 小　　　計  日付は**未記入**でお願いいたします。 | | | | | | | | | | | | | | | | | | | | | | | | | | 2,775,000 | | | | | | | | | | | | | | |  | |
| 消費税及び地方消費税 | | | | | | | | | | | | | | | | | | | | | | | | | | 非課税 | | | | | | | | | | | | | | |  | |
| 合　　　計 | | | | | | | | | | | | | | | | | | | | | | | | | | 2,775,000 | | | | | | | | | | | | | | |  | |
| 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 | | | 仙台市青葉区国分町3丁目7-1  令和4年度より、請求書に代表印の押印が**不要**となりました。 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | |  | | | 社会福祉法人　介護事業支援課 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| □ 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 | | | 理事長　仙台　太郎 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| （債権者電話番号下4桁） |  | |  |  |  | | | 電話 | | | （　　022-000-0000　　） | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| □ 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 | | ・振込先銀行及び口座名義は**未記入**でお願いいたします。  ・本市ホームページ掲載の「みやぎ電子申請サービスの申請フォーム」より，補助金の振込先となる口座番号等の情報の提出をお願いします。 | | | | | | | | | | | 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，請求年月日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。 | | | | | | |  |  | |  | |  | |  | |  | | |  | | |  | |  |  | |  |  | |  | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |