様式第９号

請求書

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 金　額 | 千 | 百 | 十 | 億 | 千 | 百 | 十 | 万 | 千 | 百 | 十 | 円 |
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ただし，仙台市強度行動障害支援者養成研修費補助金として（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 | | | | | | | | | | | | | |
| 補助金  仙台市（R　健障支）指令第　　　号 | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |
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| **↑軽減税率対象品目は品名欄に※** | | **8％対象分（①）** | | | | | **10％対象分（②）** | | | | | | | | | | | | | | **合計（①＋②）** | | | | | | | | | | | | | |
| 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。 | | | | | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | |
| 仙台市長　殿 | | | 住所 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| □ 仙台市の登録債権者ですので指定した方法で お支払いください。（債権者電話番号下4桁）  登録債権者番号   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | |
| 電話 | | | | | （　　　　－　　－　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ｲﾝﾎﾞｲｽ発行事業者登録番号（13桁）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Ｔ |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ 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 | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |
| 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。  ４　代表者印の押印は不要です。  ５　工事請負・業務委託（単価契約を除く）の場合，内訳欄の記入は不要です。 | | | 口座名義 | フリガナ | |  | | |  | |  | |  | | |  |  | | |  |  | |  |  | |  |  | |  | |  | | |  |
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