様式第8号（第9条関係）

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| 地域生活支援事業利用者別明細書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 利用者証番号 | | | |  |  |  |  |  |  |  |  |  | |  | |  |
| 事業者及びその事業所の名称代表者 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支給決定障害者等氏名 | | | |  | | | | | | | | | | | |  |
| 地域区分 | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| 費用の額計算欄 | | サービス内容 | | | | | | | | | | | 算定単位額 | | | | | | | 算定回数 | | | 当月算定額 | | | | | | | | | | | | | | | | 摘要 | | | | | | | |  | |
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| 当月費用の額合計 | | | | | | | | | | | | | | | | | | | | | ① | | | | | | | | | | | | | | | |  | | | | | | | |  | |
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|  | 利用者負担額等計算欄 | 利用者負担額等の内訳 | | | | | | | | | | | | | | | | | | | | | | 当月算定額 | | | | | | | | | | | | | | | | 摘要 | | | | | | | |  | |
|  | 利用者負担額 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |  | |
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|  | 当月利用者負担額等合計 | | | | | | | | | | | | | | | | | | | | | | ② | | | | | | | | | | | | | | | |  | | | | | | | |  | |
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|  |  | | | 当月介護給付費請求額　①－② | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |
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