様式第8号（第8条関係）

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 |  |  |  |  |  |  |  |  |  |  |  | 事業所番号 | |  |  | |  |  | | |  |  | |  |  |  | |  |  | |  |  |
| 支給決定障害者等氏名 |  | | | | | | | | | | 事業者及びその事業所の名称 | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | 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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