様式第7号（第8条関係）

丸亀市福祉ホーム事業利用者別明細書

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|  |  |  |  | 年 |  |  | 月分 |
|  |
| 支給決定障害者等氏名 |  |  | 事業者及びその事業所の名称 |  |
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| 費用の額計算欄 | サービス内容 | 算定単位額 | 算定月数 | 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 |  |  |
|  |  |  |
|  |  |  |
| 当月利用者負担額等合計 | ② |  |

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| 当月福祉ホーム事業費請求額　①－② | 円 |

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