様式第３号（第５条関係）

点字図書給付台帳

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 氏名 |  | | | | 登録番号 | |  | | |
| 住所 |  | | | | 電話番号 | |  | | |
| 手帳番号 |  | | | | 障害等級 | |  | | |
| 障害名 |  | | | |  | | | | |
| 登録年月日 |  | | | | | | | | |
| 承認年月日 | 給付番号 | 図書名 | 巻数 | 出版施設名 | | 価格 | | 自己負担額 | 公費負担額 |
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