第40号様式の３(第13条関係)

利用者負担額一覧表

年　　　月　　　日

(提供先)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 様  　　　下記のとおり提供します。 | | | | | | | | 事業者 | 指定事業所番号 |  |  |  |  |  |  |  |  |  |  |
| 住所  (所在地) |  | | | | | | | | | |
| 電話番号 |  | | | | | | | | | |
| 名称 |  | | | | | | | | | |
|  |  |  | 年 |  |  | 月分 |  |

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| 項番 | 支給決定障害者等欄 | | | | | | | | | | | | | | | | | | | | | | |
|  | 市町村番号 | |  |  |  |  |  |  |  |  |  |  | 総費用額 |  |  |  |  |  |  | 提供サービス |  |  |  |
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