**請　　　　求　　　　書（個人払）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 金　額 | 千 | 百 | 十 | 億 | 千 | 百 | 十 | 万 | 千 | 百 | 十 | 円 | |  |  |  |  |  |  |  |  |  |  |  |  |   　　上記の金額を　平塚市障害福祉サービス事業所等通所交通費助成金　　月～　月分　として請求します。  （提出先）  　平塚市長   |  | | --- | | 住　所　　〒　　　－ | | 氏　名 |   　　なお、上記金額の支払については、下記の口座へお振り込み下さるよう依頼いたします。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 債権者コード | | | | |  |  | |  |  |  |  | | **－** |  |  | |  | | | | | | | | | | |
| 未登録者記入欄 | | 口座名義  (カナで記入) | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 上記の金額を右記の口座に振込みを依頼します。 | | | 振 込 先  金融機関 | | 銀行 | | | | | | | | | | | 預金種別 | 口座番号 | | | | | | | | |
| １ 普通  ２ 当座 |  | |  | |  |  |  |  |  |
| 支店 | | | | | | | | | | |  | |  | |  |  |  |  |  |
| 債権者登録済の方は、「債権者コード」だけ記入してください。未登録の方は、「未登録者記入欄」に記入してください。  　振込先と口座名義は正確に、法人の場合は代表者名まで記入してください。  　債権者と口座名義が異なる場合は、裏面に記入欄がありますのでそちらも記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 請求内訳 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 納入(検収)月日 | | | 名称・仕様等 | | | | | | | | 数　量 | | | | 単　価 | | | | | | 金　　額 | | | | | |
| 1 |  | |  |  | | | | | | | |  | | | | 円 | | | | 銭 | | 円 | | | | | |
| 2 |  | |  |  | | | | | | | |  | | | |  | | | |  | |  | | | | | |
| 3 |  | |  |  | | | | | | | |  | | | |  | | | |  | |  | | | | | |
| 4 |  | |  |  | | | | | | | |  | | | |  | | | |  | |  | | | | | |
| 5 |  | |  |  | | | | | | | |  | | | |  | | | |  | |  | | | | | |
| 6 |  | |  |  | | | | | | | |  | | | |  | | | |  | |  | | | | | |
| 7 |  | |  |  | | | | | | | |  | | | |  | | | |  | |  | | | | | |
| 8 |  | |  |  | | | | | | | |  | | | |  | | | |  | |  | | | | | |
| 9 |  | |  |  | | | | | | | |  | | | |  | | | |  | |  | | | | | |
| 10 |  | |  |  | | | | | | | |  | | | |  | | | |  | |  | | | | | |
| 消費税額・地方消費税額 | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 合計 | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | |

**債権者と口座名義が異なる場合は、下の枠内を記入してください。**

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| 平塚市障害福祉サービス事業所等通所交通費助成金　　月～　　月分  　　　　の受領にあたり下記の振込先口座に振り込んで下さるよう依頼いたします。  **振込先**　　金融機関名　　　　　　　　　　　　　支店名  　　　　　　　預金種別　　普 通 ・ 当 座　　　　口座番号  　　　　　　　（フリガナ）  　　　　　　　口座名義  **債権者**　　住　　　　所  　　　　　　　氏名・法人名  　　　　　　　代表者職氏名 |

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| 備　考 |
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