課名　　福祉総合支援課

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **請　求　書**厚木市長　あて請求日　令和　　年　　月　　日下記金額を請求いたします。

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 金　額 |  |  |  |  |  |  |  |  |  | **円** |

件名　令和７年度　　　　月分　高齢者理髪サービス　として　債権者　住　所　　〒　　　　（会社名）氏　名　　　　　　　　　　　　振込先

|  |  |  |  |
| --- | --- | --- | --- |
| 　　　　 | 銀行・信用組合金庫・農業協同組合 |  | 支店支所 |
| 預　金種　別 | 普通　・　当座その他 | 口　座番　号 |  |  |  |  |  |  |  |
| フリガナ名義人 |  |
|  |

内訳明細

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| --- | --- | --- | --- |
| 品名・項目 | 数　量 | 単　価 | 金　額 |
| 理容・美容助成券 | 件 | 1,500 |  |
| 理容・美容助成券（ねたきり・障がい） | 　　　　件 | 5,500 |  |
|  | 合　計 |  |

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