課名　　福祉総合支援課

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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   |  |  |  |  | | --- | --- | --- | --- | | 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 |  | |