様式第11号（第18条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 地域生活支援事業給付費明細書  移動支援事業，地域活動支援センター事業，  日中一時支援事業，生活サポート事業   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | 平　成 |  | 年 | | |  | | | | | 月　分 | | | | |  | | | | | | | | | | | |  |  |  | | | |  | | | |  | | | | | 番号 |  |  |  |  |  |  |  |  |  |  |  | 事業所番号 | | |  |  | |  |  |  |  |  |  |  |  | | 支給決定障害者等氏名 |  | | | | | | | | | |  | 事業者及びその事業所の名称 | | |  | | | | | | | | | | | | 支給決定に係る障害児氏名 |  | | | | | | | | | |  |  | | | | | | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 費用の額の計算欄 | サ－ビス内容 | 算定単位額 | 算定  回数 | 当月算定額 | |  |  |  | 円 | |  |  |  | 円 | |  |  |  | 円 | |  |  |  | 円 | |  |  |  | 円 | | 当月費用の額の合計 |  | ① | 円 |  |  |  |  | | --- | --- | --- | | 自己負担額 | 利用者負担額(①×１０％)　　　　　　　　　　　　　　　　　　 ② | 円 | | 助成対象額 | 円 | | 実費負担額 | 円 |  |  |  |  | | --- | --- | --- | | 公費負担額 | 負担上限月額超過額　　　　　　　　　　　　　　　　　　　　　 ③ | 円 | | 公費負担額(①－②)　　　　　　　　　　　　　　　　　　　　　 ④ | 円 |  |  |  | | --- | --- | | 当月地域生活支援給付費等請求額　③＋④ | 円 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | 枚中 |  | 枚 | |