様式第11号（第18条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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

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|  | 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 |  |  |  |

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| 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 |
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| 当月費用の額の合計 |  | ① | 円 |

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| 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 |

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| 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 |

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| 当月地域生活支援給付費等請求額　③＋④ | 円 |

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