様式第1号(第6条関係)

離島地域障害福祉事業助成金交付申請書

年　　月　　日

　　うるま市長　様

申請者　所在地

事業者名　　　　　　　　　　　　　　　　印

電話

　　離島地域障害福祉事業における経費等に係る助成金の交付を受けたいので次のとおり申請します。

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| サービス利用者の住所・氏名 | サービスの種類又は事業名 |  | サービス実績(　　　　年　月分) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 回数 | 単価 | 合計 |
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| 曜日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 合計 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| （※うるま市記載欄） | |
| 渡航回数 | 回 |
| 離島支援調整額基準額 | 円 |