様式第６号（第10条関係）

障害者等移動支援事業実績報告書

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|  | | | | | | | | | | 事業者名 | | | |
| 利用者名、支援の内容及び支給量 | | 氏名 | |  | | | |  | |
| 身体介護を伴う障害者等　　　　　時間／月 | | | | | |  | | | | | |
| 身体介護を伴わない障害者等　　　時間／月 | | | | | | 年　　　　月分 | | | | | |
| 日 | 利用時間 | | 時間小計 | | 除算時間 | 算定時間 | 費用額 | | 利用者負担額 | | 行き先・支援内容 | サービス提供者 | 利用者確認 |
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| 合計 | | |  | |  |  | ① | | ② | |  |  |  |

※「サービス提供者確認」欄及び「利用者確認」欄には該当者が署名又は押印をすること。

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|  | 費用額計① | 利用者負担額計② | 請求額①－② |
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