**介護保険居宅介護（支援）福祉用具購入費支給申請書**

**受領委任払い用**

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| フリガナ  被保険者氏名 |  | | | | 保険者番号 | **０** | | **９** | | | | **２** | | **０** | | | **４** | | | **９** | |
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| 被保険者番号 |  |  | |  |  | | |  |  |  | | |  |  | |  |
| 生　年　月　日 | 明・大・昭　　年　　月　　　日生 | | | |  |  |  | |  | |  | |  |  | |  | |  |  | |  |
| 住所 | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | |
| 福　祉　用　具　名  （種目名及び商品名） | | | 製造事業者名及び  販売事業者名 | 購　入　金　額 | | | 購　　　入　　　日 | | | | | | | | | | | | | | |
|  | | |  | 円 | | | 年　　月　　日 | | | | | | | | | | | | | | |
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| 福祉用具が  必要な理由 |  | | | | | | | | | | | | | | | | | | | | |
| 佐　野　市　長　様  　上記のとおり、関係書類を添えて居宅介護（支援）福祉用具購入費の支給を申請します。  　　　年　　　月　　　日  　申請者　　　住　　所  　　　　　　　　　　氏　　名　　　　　　　　　　　　　　　印　　　　　　　　電話番号  　当該申請に基づく居宅介護（支援）福祉用具購入費の支給申請及び受領に関する権限を下欄の受取人に委任します。  申請者　　　住　　所  　(兼受領委任者)　　　氏　　名　　　　　　　　　　　　　　　印　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | |
| 受取人の所在地事業者名称等 | | 所在地  事業者名  代表者氏名　　　　　　　　　　　　　　　印　　　　電話番号 | | | | | | | | | | | | | | | | | | | |

注意

＊　この申請書の裏面に、領収証及び福祉用具のパンフレット等を添付してください。

＊　「福祉用具が必要な理由」については、個々の用具ごとに記載してください。欄内に記載が困難な場合は、裏面に記載してください。

居宅介護（支援）福祉用具購入費を下記の口座に振り込んでください。

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| 口座振込  依頼欄 | | 金融機関名 | | | | | | | 本・支店名等 | | | | | | | | | | 種　　目 | | | | | | | 口　　座　　番　　号 | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | １普通預金  ２当座預金  ３そ の 他 | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | |
| 金融機関コード | | | | | | | 店舗コード | | | | | | | | | |
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| ﾌ ﾘ ｶﾞ ﾅ  口座名義人 | | | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  |  |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  |
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| 福祉用具が必要な理由 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 領収証貼付欄 |