**請　求　書**

令和　　年　　月　　日

(あて先)　合志市長

|  |  |  |
| --- | --- | --- |
| 所在地 |  | |
| 事業所名 |  | |
| 代表者名 |  | 印 |
| 電話 |  | |

|  |  |  |
| --- | --- | --- |
| 請求金額 |  | **円** |

（請求内訳）

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | 品名 | 規格 | 数量 | 単価 | 金額 | 備考 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 合計 | | | | |  |  |
| 被保険者負担分 | | | | |  |  |
| 市請求分 | | | | |  |  |

(被保険者)

|  |  |
| --- | --- |
| 住所 |  |
| 氏名 |  |

下記口座に上記金額の振込を依頼します。

|  |  |  |  |
| --- | --- | --- | --- |
| 金融機関名 |  | 支店名 |  |
| 口座種別 |  | 口座番号 |  |
| 口座名義 |  | | |