（様式７-１号）　豊中市障害者等移動支援事業実績記録票（移動支援サービス）令和　 年　月分

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| 利用者  証番号 |  |  |  |  |  |  |  |  |  |  | 利用対象  者氏名 |  | | 事業者及び事業所の名称 |
| 利用者負担  上限月額 | | | | 円 | | | | | | | 利用契約の内容 | 移動　介護あり  　　　介護なし | 時間 |  |

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| 利用日 | | 利用計画 | | サービス提供時間 | | 算　定　　時間数 | 派遣人数 | 利用者　負担額 | サービス提供者名 | 利用者確認欄 |
| 日付 | 曜日 | 開始時間 | 終了時間 | 開始時間 | 終了時間 |
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| 合　　計 | | | | | |  |  |  |  |  |