様式第２号（第５条関係）

守谷市予防接種費用公費負担申請書兼請求書

守谷市長　　宛て

　　　　　年　　月　　日

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| 申請者氏名 | 住所 | 電話番号 |
| 印 | 〒　　 　-  守谷市 |  |

　次のとおり，予防接種費用の公費負担を請求します。なお，本申請にあたり，公費負担の決定に必要な範囲内において，市が保有する被接種者及び保護者に関する情報を照会すること並びに予防接種を受けた事実等を医療機関に照会することに同意します。

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| 被接種者 | ﾌﾘｶﾞﾅ | | |  | | | | | | | | | | | | | | | 生年月日 | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | |
| 氏 名 | | |  | | | | | | | | | | | | | | |
| 住 所  ※申請者と住所が異なる場合のみ記載 | | | 守谷市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 予防接種・診察の種類 | | | | | | | 予防接種実施日 | | | | | | | | | | 医療機関名 | | | | | | | | | | 公費負担  請求額 | | | | | | | | | | | | | | | | | | |
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| 請求額合計 | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | | | |  | |  | | | | |  | | | 円 | |
| 振込金融機関 | | 金　融  機関名 |  | | | | | | | | | 銀行　信金  信組　農協 | | | | | | | 支店名 | | | | | |  | | | | | | | | | | | | | | 支店  出張所 | | | | | | |
| コード |  | |  | | | | |  | | | |  | | | | | コード | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |
| 預金種目  ※いずれかに○印 | 普通 | | | | 当座 | | | | | 口座番号  ※右詰記入 | | | | | | |  | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |
| 口座  名義 | ﾌﾘｶﾞﾅ | | |  | |  |  | |  | |  | |  |  | |  | |  | |  | | | |  | |  | | |  | | | |  | | |  | | | |  | | |  |
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※診察の公費負担は新型インフルエンザのみとなります。

本票審査者