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| 申請番号 |  |  |  |  |
| インフルエンザ予防接種補助金申請書   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 年 |  | 月 |  | 日 |   (公財)駿東勤労者福祉サービスセンター理事長 様   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 会員番号 |  |  |  |  |  | ― |  |  |  |  |  |  |  | | --- | --- | --- | | 氏　　名 |  | ㊞ |   下記のとおりインフルエンザ予防接種補助金の給付を、受診機関の領収書(写)を添えて申請します。  記   |  |  |  | | --- | --- | --- | | 補助金申請額の合計 |  | 円 |   以上   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 受診者氏名 | 受診者の続柄 | | | 年齢 | 受診日 | | | | 補助額 | | |  | 会員　登録家族(続柄 |  | ) |  |  | 月 |  | 日 |  | 円 | |  | 登録家族(続柄 |  | ) |  |  | 月 |  | 日 |  | 円 | |  | 登録家族(続柄 |  | ) |  |  | 月 |  | 日 |  | 円 | | | | | | |

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| 補助金( |  | 円)を領収しました。 |

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