|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 申請番号 | |  |  |  |  |
| 宿泊費補助金申請書   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 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 |  | ㊞ |   下記のとおり宿泊費補助金の給付を申請します。  記   |  |  |  | | --- | --- | --- | | 補助金申請額 |  | 円 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **宿　泊　証　明　書**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1 | 利用代表者 |  | | | | | | | |  | | | | | | | | | | | 2 | 宿泊日 |  | 年 |  | 月 |  | | 日から | |  | | | 年 |  | | 月 | |  | 日まで | | 3 | 宿泊人数 | 申請会員 あり・なし　／　家族 | | | | |  | | 人　　合計 | | |  | | | 人 | |  | | | | 4 | 宿泊代金 |  | | | | | | | | 円 | (会員と家族分) | | | | | | | | |   上記のとおり宿泊したことを証明します。   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 年 |  | 月 |  | 日 |  |  |  |  |  | | --- | --- | --- | --- | | 施設名 |  |  | | | 所在地 |  | ☎(　　　　)　　　－ | | | 代表者名 |  | ㊞ |  | |   **振込依頼書**  上記の金額を下記口座にお振込みください。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 振 込口座 | フリガナ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | 銀行  金庫  農協 | |  | | | | | 本店  支店  出張所 | | | 預金者名 |  | | | | | | | | | | | | | | | | | | 金融機関  店ｺｰﾄﾞ |  | |  | |  |  |  |  | |  | | 預金種目 | 1.普通　2.当座 | | | | | | | | | | | 口座番号 |  | |  | |  |  |  |  | |  |   ※通帳を確認の上、記入ください。 | | | | | | | | |
| 補助金( |  | | | | | | 円)を領収しました。 |

**FAX不可**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 年 |  | 月 |  | 日 |

|  |  |  |
| --- | --- | --- |
| 受付 | 入力 | 給付 |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 氏名 |  | ㊞ |

**※口座振り込みを希望の方は、上記領収書に記入捺印の必要はありません。**