|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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。

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| --- | --- | --- | --- | --- | --- |
|  | 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。**