様式第５号（第16条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 年　　月　　日  　下呂市長　　　　　様  所　在　地  　　　　　　　　　　　　 　　 名　　　称  代表者氏名　　　　　　　　　　　　印  （個人にあっては、住所及び氏名）  補助金等交付請求書  　　　　　年　　月　　日付け　第　　号により補助金等の交付決定を受けた補助事業等について、次のとおり下呂市補助金等交付規則第16条の規定により請求します。  １　事　業　名　　介護支援専門員の資格保持、キャリアアップ等研修支援事業  ２　請　求　額　　　　　　　　　　　　　円  ３　振　込　先   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 口座名義人 | | フリガナ | | | |  | | | | | | | | | | | | | 氏　　名 | | | |  | | | | | | | | | | | | | 金融機関名  （ゆうちょ銀行以外） | | | 店名 | | | | | 種別 | | 口　座　番　号 | | | | | | | | |  | 銀　　行  金　　庫  農業協同組合  信用組合 | | 本　店  支　店  支　所  出張所 | | | | | １普通  ２当座 | |  |  |  |  |  |  |  | | ゆうちょ銀行 | | 通帳記号 | | | | | | | 通　帳　番　号 | | | | | | | | | | **１** | |  |  |  | **０** | |  |  |  |  |  |  |  |  |   　　　　※番号は右づめで記入してください。 |