

記入例

請 求 書

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| | | 年度 | 決定区分 | A B C D E F G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 合計 | | 枚 | 円 | 伝票番号 | — — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 事業名 農地集積支援事業 畔切除去補助金 | | | | 下記口座へ振込ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 金融機関名 (支店名まで記入してください) あいち豊田農業協同組合 〇〇支店 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 口座番号 普通 No. 1234567 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり請求します。 郵便番号 471-8501 (電話 0565-34-6640) 住 所： 豊田市西町3-60 氏 名： 豊田 太郎 (法人にあっては法人名および代表者肩書・氏名) | | | | 口座名(名義人) ※フリガナをつけてください トヨタ タロウ 豊田 太郎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 検収者 (印) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡事項 | | | | A B C D | | | 検収者 (印) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | | | | | 担当者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

太枠内のみ記入してください。

(提出用)

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| | | | | 口座番号 No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり請求します。 郵便番号 (電話) 住 所： 氏 名： (法人にあっては法人名および代表者肩書・氏名) | | | | 口座名(名義人) ※フリガナをつけてください | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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(控)