　請　　求　　書

熱　海　市　長　あて　　　　　　　　　　　　　　　　　　　　　 年　　 月　 　日

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| 住　所  氏　名   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | T |  |  |  |  |  |  |  |  |  |  |  |  |  |   適格請求書発行事業者登録番号  TEL　　　　　　　　　　　　　　　　　FAX | | |
|  | 債権者整理番号 |  |

下記金額を請求します。

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| 請求金額 | 千 | 百 | 拾 | 億 | 千 | 百 | 拾 | 万 | 千 | 百 | 拾 | 円 |
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注意

１　法人の場合は、氏名は社名及び代表者名を記入し、代表者印の押印を省略する場合は、下記発行責任者及び担当者名を記入してください。

２　請求金額の訂正はできません。

３　請求金額の頭部に「￥」印をつけてください。

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| 日付 | | 内　訳（品　名）  （軽減税率対象のものは頭部に※を記載） | | | | | | | | | | | | | | 数量(単位) | | | | | 単　価 | | | | | | | | | 金　額 | | | | | | | | | | | | |
|  | | 熱海市宿泊税システム整備費等補助金 | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
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| 10％対象 | | | | | 金額 | | | | | | | | |  | | | | | | | | | | | | |
| うち消費税額 | | | | | | | | |  | | | | | | | | | | | | |
| ８％対象  ※印のもの | | | | | 金額 | | | | | | | | |  | | | | | | | | | | | | |
| うち消費税額 | | | | | | | | |  | | | | | | | | | | | | |
| 下記口座へ振込みを依頼します。 | | | | | | | | | | | | | | | |
| 振　込　先 | 金融機関 | |  | | | | | 銀　行  金　庫  農　協 | | |  | | | | | 本　店  支　店  出張所 | | | 普通  当座  貯蓄  その他 | | | | 口座  番号 | | | 右詰めで記入してください。 | | | | | | | | | | | | | | | | |
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| フリガナ | |  |  |  |  |  | |  |  | |  |  |  |  | |  |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  |  | |  | |  |
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| 口座名義 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

発行責任者および担当者

・発行責任者：　　　　　　（連絡先　　　　　　　　　　/電子メール　　　　　　　　　　）

・担　当　者：　　　　　　（連絡先　　　　　　　　　　/電子メール　　　　　　　　　　）

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| 市使用欄 | 検収者 | ㊞ |