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|  |  |  |  |  | **請　求　書** | | | | | | | | 検査(収)日 | | | |  | 年 |  | 月 |  | 日 |
|  |  |  |  |  | 検査(収)者　職・氏名 | | | | | | | | | |
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| **請　求　額** | | | 十 | 億 | 千 | 百 | 十 | 万 | 千 | 百 | 十 | 円 | 検査(収)印 | | | |  |
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| **内　　訳** | | | | | | | | | | | | | | | | | |  |  |  |  |  |
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|  |  | ※消費税率　　％ | | | | | |  | |  | | |  |  |  |  |  |  |  |  |  |  |  |
|  | 本書のとおり請求します。 | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 鯖江・丹生消防組合　管理者　　　　　　　　　殿 | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 住　所（所在地） | | | |  | | | | | | | | | | | | 請　求　印 | | | | |  |
|  | 会社名（商　号） | | | |  | | | | | | | | | | | |  | | | | |  | |
|  | 代表者（氏　名） | | | |  | | | | | | | | | | | |
|  | 登録番号 | | | |  | | | | | | | | | | | |
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|  | 発行責任者 | | | |  |  |  |  |  |  | 連絡先 | | -　　　　　　- | | | | | | | | |  |
|  | 担当者 | | |  |  |  |  |  |  |  | 連絡先 | | -　　　　　　- | | | | | | | | |  |
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| ※請求印を省略する場合には、発行責任者、担当者、連絡先の記入をお願いします。 | | | | | | | | | | | | | | | | | | | | | |  |