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| 様式第８号（第２条関係） | | | | | | |  | |  | | | |  | | 福祉事務所　　　　　　受理年月日 | | | | |
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|  | 保　　護　　変　　更　　申　　請　　書 | | | | | | | | | | | | | | | | | |  |
|  | （　　移　　送　　費　　） | | | | | | | | | | | | | | | | | |  |
|  | 沖縄市福祉事務所長　　　様  　　　 　年　　　　月　　　　日 | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | 世帯主 | | | | | | 住所 | | | | | |  | |  |
|  |  | | | |  | |  |  | | | 氏名 | | | | | |  | |  |
|  | 下記のとおり、生活保護法による保護の変更を申請します。 | | | | | | | | | | | | | | | |  | |  |
|  | 記 | | | | | | | | | | | | | | | | | |  |
|  | 移送場所　・　目的 | |  | | | | | | | | | | | | | | | |  |
|  | 移送年月日　（予定） | | 年　　　　　月　　　　　日 | | | | | | | | | | | | | | | |  |
|  | 移送に必要な額 | 項　　目 | 単　価 | 数　量 | | 金　額 | | | | | | | 備　考 | | | | | |  |
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|  | 特記事項 | | | | | | | | | | | | | | | | | |  |
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|  | （注）バス以外を利用するときは見積書を添付すること。 | | | | | |  | | |  | |  | |  | |  | | | |
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