様式第2号(第3条関係)

施設等通所証明書

　　通所者　住所

　　　　　　氏名

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 年　　月 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | | 13 | 14 | 15 |
|  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | 26 | 27 | | 28 | 29 | 30 |
|  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| 31 | 計　　　　　日 | | | | | | | | | | | | | | | |
|  |
| 年　　月 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | | 13 | 14 | 15 |
|  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | 26 | 27 | | 28 | 29 | 30 |
|  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| 31 | 計　　　　　日 | | | | | | | | | | | | | | | |
|  |
| 年　　月 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | | 13 | 14 | 15 |
|  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | 26 | 27 | | 28 | 29 | 30 |
|  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| 31 | 計　　　　　日 | | | | | | | | | | | | | | | |
|  |
| 総計 | | | 日 | | | |

　上記のとおり、当施設に通所したことを証明します。

　　魚沼市長　　　　様

　　　　　　年　　月　　日

施設名

住所

施設長　　　　　　　　　　　　　　印