**様式第２号（第５条関係）**

**年　　月　　日**

**加須市長　　　　　　　　　様**

**事業所名**

**業 種 名**

**従業員数**

**（うち、中小企業退職金共済法の被共済者　　　　　名）**

**月別・個人別掛金内訳書**

**（単位　円）**

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| **月　　　別**  **共済番号** | | | | | **１** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **掛金合計** | **補助額** |
| **被共済者氏名** | | | | |
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**月別・個人別掛金内訳書　　　　事業所名：**

**（単位　円）**

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| **月　　　別**  **共済番号** | | | | | **１** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **掛金合計** | **補助額** |
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