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| 入札書（郵便入札用） | | | | | | | | | | | | | | | | | | | |
| □　課税事業者 | | | | | | | | | | | | | | | | | | | |
| □　免税事業者 | | | | | | | | | | | | | | | | | | | |
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| 入　札　書 | | | | | | | | | | | | | | | | | | | |
| （税抜） | | | | | | | | | | | | | | | | | | | |
|  | |  | 百 | 十 | 億 | 千 | | 百 | | 十 | 万 | | 千 | | 百 | 十 | 円 |  |  |
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| （￥マークを記載のこと） | | | | | | | | | | | | | | | | | | | |
| （内訳）①種別（１）法定労働時間内単価（　　　　　　円）×予定就業時間 ４，３７３．５時間 | | | | | | | | | | | | | | | | | | | |
| ②種別（１）法定労働時間外単価（　　　　　　円）×予定就業時間　　　　　 　０時間 | | | | | | | | | | | | | | | | | | | |
| ③種別（２）校外学習当日単価　（　　　　　　円）×予定就業日数　４日 | | | | | | | | | | | | | | | | | | | |
| ④種別（２）事前打ち合わせ単価（　　　　　　円）×予定就業回数　２回 | | | | | | | | | | | | | | | | | | | |
| ⑤校外学習実費見込み額　６８，０００円 | | | | | | | | | | | | | | | | | | | |
| （税抜きで時間単価を記載し、総額欄が①から⑤までの合計となること） | | | | | | | | | | | | | | | | | | | |
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|  | 件名：令和７年度相模原市立小中学校等医療的ケア看護師派遣 | | | | | | | | | | | | | | | | | |  |
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| 上記の金額で入札します。 | | | | | | | | | | | | | | | | | | | |
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| 令和７年５月１５日 | | | | | | | | | | | | | | | | | | | |
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| 相模原市長　あて | | | | | | | | | | | | | | | | | | | |
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| 所在地 | | | | | | | | | | | | | | | | | | | |
| 名　称 | | | | | | | | | | | | | | | | | | | |
| 代表者 | | | | | | | | | | | | | | | | | | | |