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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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|  | 件名  高齢者保健福祉計画策定に係る高齢者等実態調査業務委託 | | | | | | | | | | | | | | | | | |  |
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| 上記の金額で入札します。 | | | | | | | | | | | | | | | | | | | |
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| 所在地 | | | | | | | | | | | | | | | | | | | |
| 名　称 | | | | | | | | | | | | | | | | | | | |
| 代表者 | | | | | | | | | | | | | | | | | | | |