

(Address) Chiba City
 2032
 City
 Chiba
 Director
 Year
 Month
 Date

(Form)
 Chiba City Voluntary Influenza Vaccination Cost Subsidy Reimbursement Request Form and Letter of Proxy

To Mayor of Chiba City Year Month Day

I have received an influenza vaccination and would like to claim the cost as follows.

Applicant's Name	Furigana Name						
	Address	Chiba City	Ward				
	Phone	(Please provide a daytime contact number, such as a cell phone.)		E-mail address	@		
※ Only those who live in the same household as the applicant can apply together. If your household is different, please apply separately.							
被接種者 (予防接種を受けた方)	Name	Relationship	Date of Vaccination	Amount paid (A)	Self-pay amount (B)	Amount billed (A - B) = (C)	
	Date of Birth	relationship from the applicant's point	(If you are under 13 years old and received two vaccinations, enter the dates of both vaccinations)	(In the case of a child under 13 years old who was vaccinated twice, enter the total amount.)		(The maximum subsidy amount per person is 3,000 yen.)	
			① Y M D	Yen	1,800 Yen	Yen	
	Y M D		② Y M D			Max. 3,000 Yen	
			① Y M D	Yen	1,800 Yen	Yen	
	Y M D		② Y M D			Max. 3,000 Yen	
			① Y M D	Yen	1,800 Yen	Yen	
	Y M D		② Y M D			Max. 3,000 Yen	
			① Y M D	Yen	1,800 Yen	Yen	
	Y M D		② Y M D			Max. 3,000 Yen	
Total amount of claim (C)					Yen		
Delegation of receipt (check one)		I do not want to delegate (I want the payment to be made to my account)					
		I would like the money to be deposited to someone other than me (the applicant).					
Transfer Account	Name of financial institution	Banks, credit unions, Agricultural cooperatives, credit unions		Financial Institution Code			
	Branch name	Head office/, branch office Sub-office, Field-office		Branch Code			
	Account type	1. Ordinary 2. Checking	Account number				
	Account name			Account name(Kana)			

Attached documents Application Period : From Nov 1, 2021 until Feb 28, 2022(must arrive)

- (1) Original receipts (The amount of money must be shown for each person who received the vaccination.)
- (2) Documents confirming the type of vaccine (must be an influenza vaccine), date of vaccination, name of the vaccinated person, name of the medical institution, and the cost of each influenza vaccination (e.g., certificate of vaccination, copy of maternal and child health handbook, statement showing the details of the vaccination, copy of the preliminary examination sheet, etc.)
- (3) Documents confirming the account (name of financial institution)(3) Documents confirming the account (a copy of bankbook, cash card, or internet banking screen showing the name of the financial institution, account number, and account name)Translated with www.DeepL.com/Translator (free version)