Invoice for Local Funds as Last Resort

Individual Name:	**Individual DODD Number:**	**Invoice Number:**	**Date of Invoice:**

Provider Name:	**To:**
	Wood County Board of Developmental Disabilities
Provider Mailing Address:	ATTN: Fiscal Department
	1921 E Gypsy Lane Road
	Bowling Green Ohio 43402

BILLING CODE	SERVICE DESCRIPTION	SERVICE DATE	# OF TRIPS/MILEAGE	DAILY UNITS	15 MINUTE UNITS	RATE	AMOUNT
						TOTAL	