# Invoice for Local Funds as Last Resort

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

**Provider Mailing Address:**

**To:**
Wood County Board of Developmental Disabilities
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 |
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