SUPPORTED LIVING / COUNTY BOARD FUNDS
SERVICES INVOICE

PROVIDER: _____ **Month/Year:** _____

Address: _____

City, State, Zip: _____ **County:** _____

Phone: _____

Email: _____

Individual Name: _____

HPC		
DAY	UNITS	COST
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

HPC		
Rate:	Total Units:	Total HPC:
	0	$ 0

TRANSPORTATION		
RATIO	MILES	COST

TRANSPORTATION		
Rate:	Total Miles:	Total Cost:
	0	$ 0

SPECIAL SERVICES			
Item:		Item:	
UNITS	COST	UNITS	COST

SPECIAL SERVICES	
Item #1 Cost :	Item #2 Cost :
$	$

SEND INVOICES TO:

Total Due: $

Programs@neoncog.org Phone: 234-254-5874
North East Ohio Network
721 Boardman-Poland Rd Suite 103 fax 330-793-8284
Youngstown, Ohio 44512