



Zone Meeting Invoice

To: Health Planning Council of Southwest Florida

3PS26 CH 53559

ITDS/EI OT/PT/SLP

In Person	\$67.00	\$83.96
Remote	\$55.00	\$71.96
Phone	\$27.50	\$35.98

Provider:

Agency:

Address:

Date of Invoice:

Phone:

Email:

Date	Time in	Time out	Provider initials	Zone name	Up to 4 Child ID numbers	Rate	Units	Total

Use one line per meeting.

Total Due to Provider

Provider Signature

Approvers signature