## TRANSPORTATION BILLING

## **Tuscarawas County Job & Family Services**

389 16<sup>th</sup> Street, SW New Philadelphia, Ohio 44663 (330) 339-7791 or 1-800-431-2347

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| OFFICE USE ONLY                     |   |                             | SUB TOTAL                                       | L FROM | THIS PAGE        |                             |       |  |
|                                     |   |                             |   | SUB TO | TAL FR           | OM PAGE 2                   |       |  |
|                                     |   |                             |   |        |                  | AND TOTAL                   |       |  |
|                                     | I/we hereby certify that I/we have provided these services, in accorda written agreement with the Tuscarawas County Job & Family Service the number of units shown. |                             |   |        |                  |                             |       |  |
|                                     |   |                             | 1st PROVIDER'S SIGNATURE 2nd PROVIDER'S SIGNATU |        | IDER'S SIGNATURE |                             |       |  |
|                                     |   |                             | 1st PROVIDER'S PRINTED NAME 2                   |        | 2nd PROV         | 2nd PROVIDER'S PRINTED NAME |       |  |
|                                     |   |                             | DATE  |        | DATE             |                             |       |  |
| PROVIDER'S STREET ADDRESS OR PO BOX |   |                             |   |        |                  |                             |       |  |
|                                     |   |                             | PROVIDER'S CITY                                 |        |                  | PROVIDER'S ZIP CODE         |       |  |
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|                                     |   |                             | SUPERVISOR'S APP                                | ROVAL  | DATE             |                             |       |  |
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| DATE                                     | DEPARTURE POINT | DESTINATION POINT | CHILD | PURPOSE | MILES |  |  |  |
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| (report this amount on page 1) SUB TOTAL |                 |                   |       |         |       |  |  |  |