

FLORIDA DEPARTMENT OF HEALTH
EMS PROGRAM

REQUEST FOR REIMBURSEMENT

DOH Remit Payment To:

Name of Agency: Nassau County BOCC

Mailing Address: 96135 Nassau Place, Suite 2

Yulee, FL 32097

Federal Identification Number: 59-1863042

Authorized Agency Official: _____

Signature

Date

Michael S. Mullin, County Manager

Type Name and Title

Sign and return this page with your application to:

*Florida Department of Health
Health Information and Policy Analysis Section, Opioids
Attn: Shelly Hyde
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722*

Do not write below this line. For use by Bureau of Emergency Medical Oversight personnel only

Amount For DOH To Pay: \$ _____

Approved By: _____

Signature of EMS Project Director

Dates: _____

Beginning

Ending

Organization Code

64-61-70-30-000 PI

E.O.

Version

OPCR9 790000

OCA

000700

Object Code

Federal Tax ID: VF _____

CFDA number is 93.354