

Salt Lake County

Emergency Medical Services Provider Council

1300 East 3900 South

Salt Lake City, UT 84124

5-17-2011

INVOICE:

\$100

Periodic assessment for operating expenses

One assessment per agency (2 votes)

Tax ID number for SLCoEMSPC: 27-3101218

Make Checks Payable to:

Salt Lake County Emergency Medical Services Provider Council

Indicate Agency Name here:
