



ORDER TO RENDER SERVICE/MATERIALS
 FINANCIAL SERVICES FAX NUMBER 503.986.3907

EXPENDITURE ACCOUNT	COUNTY	ESTIMATED START DATE	ESTIMATED COMPLETION DATE
BILL TO ORGANIZATION		BILL TO POINT OF CONTACT	BILL TO TELEPHONE
BILL TO ADDRESS: STREET CITY, STATE, ZIP			VENDOR NUMBER:
METHOD OF PAYMENT <input type="checkbox"/> PAID IN FULL <input type="checkbox"/> MONTHLY	AMOUNT OF ADVANCE DEPOSIT	CHECK NO.	DATE RECEIVED
REQUEST AUTHORITY: (SELECT ALL THAT APPLY) <input type="checkbox"/> ORS: <input type="checkbox"/> AGREEMENT/PERMIT NO: <input type="checkbox"/> LETTER <input type="checkbox"/> OTHER			
ORDER PREPARED BY	REGION/DISTRICT/DIVISION	ODOT UNIT NO.	
SIGNATURE	DATE OF REQUEST	TELEPHONE	

LOCATION AND DESCRIPTION OF SERVICE/MATERIALS	ESTIMATED TOTAL COST
TOTAL ESTIMATE	

NOTIFICATION OF COMPLETION
 (RETURN COPY TO DISTRICT OFFICE)

DATE PROJECT COMPLETED	SIGNATURE
	TITLE

- PRINT FOUR COPIES OF THIS FORM
1. Financial Services Copy
 2. Requestor/Customer Copy
 3. File Copy
 4. Financial Services Copy (Completion Notification)