

Contract Services Invoice

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater NW, Salem, OR

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

(503) 378-4133, Fax: (503) 378-2322, TTY: (503) 373-1358

bcd.oregon.gov

Name of contractor (please print)

Contract number

Contract expiration date

I. SERVICE DETAIL

Date	Course/Exam/Title	County or City	Number of students	Cost per student	Total amount
Total:					

II. CONTRACT TOTALS

Notes		Amount
	Grand total invoice:	
	Contract amount:	
	Billed to date (including this invoice):	
	Balance available:	

Signature of contractor:

Date:

DEPARTMENT USE ONLY

Approved:

By: _____ Date: _____

Comments:

This space reserved	PCA	Agency obj.	Amt.
	Total:		