



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	Description	Billable hours	Rate	Total amount	
Total:					
II. PRIVATE VEHICLE MILEAGE					
Date	From	To	Rate per mile	Vehicle miles	Amount
Mileage total:					
III. MISCELLANEOUS EXPENSES					
Date	Description of expense			Amount	
Miscellaneous total:					



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IV. 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.