



Contract Services Invoice

Department of Consumer and Business Services

Building Codes Division

1535 Edgewater St. NW, Salem, Oregon

Phone: 503-383-4133 • Fax: 503-378-2322

oregon.gov/bcd

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.