



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

## II. CONTRACT TOTALS

Notes	Amount
	<b>Grand total invoice:</b>
	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:		