

**State of Oregon
Web Invoice System**

Security Officer Request Form

Please identify the person(s) in your agency who may authorize employee access to the Motor Pool Invoice secure website.

Agency Security Officer Information

Name: _____
Agency Name: _____
Agency Number: _____
Mailing Address: _____
City: _____
Phone Number: _____
Email: _____
Signature: _____

Alternate Agency Security Officer Information

Name: _____
Agency Name: _____
Agency Number: _____
Mailing Address: _____
City: _____
Phone Number: _____
Email: _____
Signature: _____

Requests to add or delete individual user access to the Motor Pool Invoice secure website must be sent from one of the above listed Security Officers to: motor.billing@oregon.gov.