

Name:
Vendor Number:
Address:

INVOICE

MONTH & YEAR:

Phone:
Email address:

TO:
Oregon Health Authority
Attn: Tamara Bavaro
tamara.bavaro2@oha.oregon.gov

Children's System Advisory Council
500 Summer Street NE
Salem, OR 97301

Please submit completed invoice to: tamara.bavaro2@oha.oregon.gov

Please mark the appropriate box below:

- I am compensated by my employer for time spent performing services as a committee member.
- I am not compensated by my employer for time spent performing services as a committee member.

DATE	DESCRIPTION	HOURS	Rate \$157 per day	TOTAL
Total Due				\$

Make all checks payable to Name:

Please type your initials here to confirm the above information: _____