



Contract Services Invoice

Department of Consumer & Business Services
Building Codes Division
 1535 Edgewater NW, Salem, OR
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 (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	Course/Exam/Title	County or City	Number of students	Cost per student	Total amount
Total:					

II. 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.
Total:			