



# Prefab Billing Worksheet

**Department of Consumer & Business Services**  
**Building Codes Division • Field Operations**  
 1535 Edgewater St. NW, Salem, OR 97304  
 P.O. Box 14470, Salem, Oregon 97309-0404  
 503-378-3080 • Fax: 503-378-3656  
 www.bcd.oregon.gov

MANUFACTURER INFORMATION			
Manufacturer/company:	Registration no.:	State:	
	Serial no.:		
Dealer/owner:	E-mail:		
Phone:	Fax:		
Inspection location address:			
City:	State:	ZIP:	
Billing address:		Attn.:	
City:	State:	ZIP:	
Account no.:	PO no.:		
Purpose of inspection:			

## BILLING WORKSHEET

70111-Electrical     
  70611-Plumbing     
  70711-Structural/Mechanical

Description	Number	Rate	Dept. Use Only
Inspection time: In: _____ Out: _____		= _____	hours 1191
Report writing time: .....		= _____	hours 1191
Travel time: .....		= _____	hours 1191
12% surcharge (to be added): .....			1291
Inspection mileage: .....		= _____	miles 1500
Breakfast: .....	X	= \$ _____	1500
Lunch: .....	X	= \$ _____	1500
Dinner: .....	X	= \$ _____	1500
Lodging: .....		\$ _____	1500
Airfare: .....		\$ _____	1500
Public transportation/Airport parking: .....		\$ _____	1500
Rental car: .....		\$ _____	1500
Miscellaneous (describe): .....		\$ _____	1500
Insignia(s): .....		\$ _____	1191
Less money received: .....		\$ _____	

\_\_\_\_\_ Customer's signature      \_\_\_\_\_ Date      \_\_\_\_\_ Inspector's signature      \_\_\_\_\_ Date

Reinspection required       Copy left