|  |  |
| --- | --- |
| Coquille Indian Tribe | invoice |
| Street Address  City, ST ZIP Code  Phone Enter phone | Fax Enter fax | **INVOICE** #: Invoice No  Contract #: 159565  **DATE:** Enter date |
| **TO:**  Department of Human Services  Aging and People with Disabilities  Attention: Christine Maciel  500 Summer Street NE, E-10  Salem, OR 97301 | **FOR:** Tribal Navigator Services  **Service Dates:** From - To |

|  |  |
| --- | --- |
| DESCRIPTION | AMOUNT |
| Tribal Navigator Program Services | Enter amount |
| Enter description 2 | Enter amount |
| Enter description 3 | Enter amount |
| Enter description 4 | Enter amount |
| Enter description 5 | Enter amount |
| TOTAL | Enter total amount |

Make all checks payable to Coquille Indian Tribe

* Please provide supporting documentation for additional purchases / expenses.
* If invoice is for a subcontractor or third-party beneficiaries, please make sure you received prior authorization from APD. Please provide supporting documentation.

#### Thank you for your business!