|  |  |
| --- | --- |
| The Confederated tribes of grand ronde | invoice |
| Attn: Kelly Rowe9615 Grand RondeGrand Ronde, OR 97347Phone (503)879-2075  | **INVOICE** #: Invoice NoContract #: 174395  **DATE:** Enter date |
| **TO:**Department of Human ServicesAging and People with DisabilitiesAttention: Christine Maciel500 Summer Street NE, E-10Salem, OR 97301 | **FOR:** Tribal Navigator Services**Service Dates:** From - To  |

|  |  |
| --- | --- |
| DESCRIPTION | AMOUNT |
| Tribal Navigator Program Services | Enter amount |
| Implementation Plan | Enter amount |
| Additional Expenses | Enter amount |
| Enter description 4 | Enter amount |
| Enter description 5 | Enter amount |
| TOTAL | Enter total amount |

Make all checks payable to The Confederated tribes of grand ronde

* 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!