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| --- | --- |
| The Confederated Tribe of the Siletz | invoice |
| PO Box 97380Siletz, OR 97380Phone: (541) 444-8212  | **INVOICE** #: Invoice NoContract #: Pending  **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 |
| Enter description | Enter amount |
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| Enter description | Enter amount |
| Enter description | Enter amount |
| TOTAL | Enter total amount |

Make all checks payable to The Confederated Tribe of the Siletz

* 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!