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| --- | --- |
| The Confederated Tribe of the Siletz | invoice |
| PO Box 97380  Siletz, OR 97380  Phone: (541) 444-8212 | **INVOICE** #: Invoice No  Contract #: Pending  **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 |
| 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!