|  |  |
| --- | --- |
| The Confederated Tribes of Warm Springs | invoice |
| Street AddressCity, ST ZIP CodePhone Enter phone | Fax Enter fax | **INVOICE** #: Invoice NoContract #: 159568  **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 |
| 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 The Confederated Tribes of Warm Springs

* 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!