**DEPARTMENT OF JUSTICE**

**ADMINISTRATIVE SERVICES: BILLING UNIT**

**PHONE:(503)378-4622**

**Or (503)378-5426**

**FAX: (503) 378-8732**

**1162 COURT ST NE**

**SALEM, OR 97301 4096**

**From:**

**Agency Name**

**Client Number**

**Address**

**Contact Person for Inquiry**

**(your agency employee)**

**Phone (include extension)**

**DOJ Invoice Number**

**DOJ Matter Number**

**Dates Involved**

**Hours Involved**

**INQUIRY IF PAYMENT IS WITHHELD-PLEASE INDICATE AMOUNT:**

****

**Date Filled out by your Agency: Initial:**

Please fill out this form and attach a copy of the page or pages in the invoice that pertain to the

matter you are questioning. This will help us respond to your inquiries promptly.

**DOJ ADMIN USE ONLY**

**LOG IN COMPLETED**

**BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**