

**DEPARTMENT OF PUBLIC DEFENSE  
STATE OF IOWA**

**PROOF OF SERVICE FORM**

**NAME OF CONTRACTOR:** \_\_\_\_\_

**CONTRACT #:** \_\_\_\_\_

**FACILITY LOCATION:** \_\_\_\_\_

**INVOICE # THIS FORM IS ATTACHED TO:** \_\_\_\_\_

To ensure prompt payment, a copy of this form must be attached to each invoice submitted to State of Iowa – Department of Public Defense.

Date of Service	Service Performed / Additional Comments

**Payment will be delayed if this form does not accompany your invoice.**

**Invoices must be mailed or emailed to:**

Department of Public Defense  
State Fiscal Office – Accounts Payable  
Building 3465  
7105 NW 70<sup>th</sup> Ave  
Johnston, IA 50131-1824  
[dpdinvoice@iowa.gov](mailto:dpdinvoice@iowa.gov)

**FORM MUST BE SIGNED BY FACILITY REPRESENTATIVE BEFORE PAYMENT CAN BE PROCESSED.**

\_\_\_\_\_  
**Signature**  
**Iowa National Guard Site Representative**  
**(Building Manager / Field Engineer)**

\_\_\_\_\_  
**Date**