

**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 70th Ave
Johnston, IA 50131-1824
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