



Northwest Regional Education Service District
SCHOOL DISTRICT SERVICE REQUEST
2025-2026

Form 30

Submit 1 copy to Fiscal Services Accounts
 Receivable

Phone: (503)614-1641
 email: AR_Billing@nwresd.k12.or.us

School District - Please complete this section as completely as possible

Date: _____ School District: _____

Requested By: _____ Email Address: _____

CHANGE BEING MADE:

- Increase Services
- Decrease Services
- Other: Explain Changes below:

METHOD OF PAYMENT:

- Use District Service Credits
- Invoice District - Cash Payment
- School Budgets

Service Request Description:

Special Instructions:

Type of Service Requesting	Hourly	Daily	FTE/Slot/ Mo	Per Service	Fall Rate	Spring Rate	Per Student	Per Item

Select One Unit of Service:	<input type="checkbox"/> HOURS	<input type="checkbox"/> FTE	<input type="checkbox"/> Per Service	<input type="checkbox"/> Fall	Enter # of Units:	Enter Unit Cost:	Total Cost:
	<input type="checkbox"/> DAYS	<input type="checkbox"/> SLOTS	<input type="checkbox"/> Per Student	<input type="checkbox"/> Spring			
	<input type="checkbox"/> MONTHS		<input type="checkbox"/> Per Item				

School District Administrator Signature

Date

This section is ONLY for ESD Programs, schools should not fill out anything below this line

Program Providing Services (ie. Nursing)	(Coordinator: Provide the account # to receive revenue)					
	Fund	Function	Object	Cost Ctr	Area	Sub Area
		0000			000	

Staff Assigned:

- New Hire
- Current Employee - Services Completed within assigned duties
- Extra Duty # Hours: _____
- Subcontract with: _____

Assignment Begins On: _____

Assignment Ends On: _____

ALL Staff Time spent on Form 30 services MUST be turned in on a timesheet, write hours in the Extra Duty column, describe services provided in the comments section.

NWRESD Program Coordinator

Date

NWRESD Program Director

Date