



**Northwest Regional Education Service District**  
**SCHOOL DISTRICT SERVICE REQUEST**  
**2026-2027**

**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
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**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