



INVOICE

Safety and Quality Enhancement Dollars Form

Date: _____

SEND TO: Western Oregon University
TRI Central Coordination of CCR&R
345 N. Monmouth Ave
Monmouth, Oregon 97361
Phone 800.342.6712

Provider Name: _____

Common ID #: _____
Last five digits of SSN# - Full birth date (mm/dd/yyyy)

Mail Payment to: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Date of purchase or service	Type of equipment, installation, or repair	AMOUNT (\$250.00 Maximum)

NOTE: Invoices submitted with missing data and/or signatures will have payment held until a signed copy is received and all fields are completed. **Western Oregon University (WOU) Substitute W-9 is required for payment.** A WOU Substitute W-9 only needs to be submitted one time unless the payment address changes. Copy of original receipt must accompany this invoice. A maximum of \$250.00 is authorized for reimbursement.

Participant Signed: _____

Date: _____



Did I attach the following:

Original Receipt

WOU Substitute W-9

Business Office Use Only:

V# _____	Date Received by TRI: _____
Invoice #: Safety and quality enhancement - date _____ Revised 5/25/18	
Index code: TRI252 Account code: 24998	