



# 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: \_\_\_\_\_

License #: \_\_\_\_\_

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	