

# EMT EDUCATION FUNDS INVOICE



**Mail to:** Northeast Oregon AHEC  
One University Blvd.  
La Grande, OR 97850

**PAY TO:** (please print as this will be slipped into a window envelope to return with your check)

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\_\_\_\_\_

For NEOAHEC use only:	
Account #:	60-8800-0__0
Job Code #:	9012

**FEDERAL TAX ID #** \_\_\_\_\_ (or SS# if for an individual)

Name and phone # of person who completed this form: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Class Title	Date Range of Class	If roster is not attached, please provide student name and birthdates:	Charge per Student	Amount Owed for Class

Please make copies as needed. If you have questions about completing the form, call (541) 962-3800 or email: [neahech@eou.edu](mailto:neahech@eou.edu).