

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)

For NEOAHEC use only:	
Account #:	60-8800-0__0
Job Code #:	004__

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) 962-3899 or email: neahech@eou.edu.