



First Aid/CPR Training Reimbursement for Aide 1 and Assistant 1 Providers

Date: _____

Provider Name: _____

Program License #: _____

Position title: _____

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

Payment Street Address:

City, State, Zip: _____

Phone: _____

NOTE: Invoices submitted with missing data and/or signatures will have payment held until completed form is received. A Western Oregon University (WOU) Substitute W-9 is required for payment. A copy of the completed training certificate and original receipt must accompany this invoice.

Staff working at Certified Centers are only eligible for reimbursement if their title is Aide 1. Staff working at Family Child Care facilities are only eligible if their title is Assistant 1. Titles must match what is on file with the Office of Child Care.

Participant Signature: _____ Date: _____

Did I attach the following:

- Training Certificate
- Original Receipt
- WOU Substitute W-9

Send completed forms to:

Western Oregon University
TRI/Central Coordination of CCR&R
345 Monmouth Ave N.
Monmouth, Oregon 97361

Business Office Use Only:
Index: TRI 253
Account Code: 24998

Phone: 800.342.6712