



Western Oregon
UNIVERSITY

**INVOICE FOR SERVICES PROVIDED
WOU FOUNDATION**

Goods or Services Provided: _____

Provided by:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN/Tax I.D. _____

Amount: \$ _____

Certification:

I hereby certify that the services described above have been provided to Western Oregon University or the Western Oregon University Development Foundation:

Signature of Service Provider

Date