NEMO WORKFORCE INVESTMENT BOARD
OJT INVOICE

Make Check Payable To:

Company Name: _____ Contract No. _____

Address: _____ Zip Code: _____

City: _____ State: _____ Phone: _____

Trainee: _____ SSN: _____

Month of: _____ Hourly Rate $ _____/hr.

INDICATE NUMBER OF HOURS WORKED FOR EACH CALENDAR DAY								
Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Total Hours Worked Per Week	Reimbursable Hours
							TOTAL HOURS FOR MONTH	

To receive reimbursement, copies of payroll/attendance records must accompany this OJT invoice.

I certify that the on-site training has been provided in accordance with the contract and that the wages and hours worked in this statement are true and correct to the best of my knowledge and belief; repayment for these training services has not been received from any other source; Time and attendance Records and Payroll Records are available for inspection to verify the totals stated above; amounts claimed this invoice constitute authorized payments in accordance with terms of the subcontract; and, invoice marked final report constitutes authority to terminate this slot and deobligate any unused funds. I further certify that this trainee has not previously been employed by this firm unless specifically identified as an upgrading training situation.

X_____ _____ _____

Signature of Employer or Authorized Representative **Title** **Date**

I certify that I have reviewed this request and verify that I have worked the hours reported and have been paid at the rate indicated.

X _____ _____

Employee Signature **Date**

FOR OFFICE USE ONLY

Hourly Rate	X	Rate of Reimbursement	=	Hourly Rate of Reimbursement	X	Reimbursable Hours	=	Amount Due Employer
	X		=		X		=	

ADULT ❑ DW ❑ CAP ❑ YOUTH ❑ OTHER ❑

TRAINING AGENCY CERTIFICATION:
The rate of pay and number of hours worked has been verified by examination of invoice, payroll records, and/or time/attendance records.

Payment approved by: **X**_____ _____ _____

Authorized Signature **Title** **Date**

5/22/06