WORKFORCE INVESTMENT BOARD OF TULARE COUNTY

OJT REIMBURSEMENT INVOICE

Business: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Trainee Name: _____ Application No.: _____

Billing Period: _____ _____ Total Hours: _____
Start Date End Date

Service Provider Representative: _____ Phone # _____

Reimbursement will be in accordance with the OJT Agreement and OJT Provisions. Reimbursement will not be made for non-work time - overtime, vacation, sick leave, holidays not worked or shift differential.

Record of Hours Worked

ATTENDANCE: Please indicate the number of hours the trainee worked during this period.

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		**Total Hours**
HOURS WORKED																	
DATE	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	**Total Hours**
HOURS WORKED																	0

Comments:

We certify that the hours indicated in this invoice reflect the actual hours worked by the trainee during this reporting period in accordance with the provisions of the OJT Agreement.

Employer Name (Print) _____ Signature _____ Date _____

Trainee Name (Print) _____ Signature _____ Date _____

Service Provider Use Only

Employer Reimbursement Amount			
Total Hours Worked	Hourly Wage	Reimbursement %	Total Reimbursement Amount

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Service Provider Representative (Print) _____ Signature _____ Date _____

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Approved for Payment (Print) _____ Authorized Signature _____ Date _____

Reviewed by Service Provider Supervisor Initials: _____