



TANF/WIOA/JD NEG  
ON-THE-JOB TRAINING PROGRAM

OJT INVOICE

FUND # \_\_\_\_\_ ADULT \_\_\_\_\_ DW \_\_\_\_\_ JD NEG \_\_\_\_\_ YOUTH \_\_\_\_\_ TANF \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ CONTRACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AGREEMENT TERM DATE: \_\_\_\_\_

\_\_\_\_\_ INVOICE NUMBER: \_\_\_\_\_

TRAINEE NAME: \_\_\_\_\_ # of Training Hours: \_\_\_\_\_

LAST 4 SS #: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

INVOICE START DATE: \_\_\_\_\_ INVOICE END DATE: \_\_\_\_\_

INITIAL HOURLY REIMBURSEMENT RATE (\_\_\_\_% of \$\_\_\_\_) \_\_\_\_\_  
(Youth - 50% maximum)

NUMBER OF HOURS WORKED THIS PERIOD \_\_\_\_\_

REIMBURSEMENT REQUESTED THIS PERIOD \_\_\_\_\_

TOTAL AMOUNT REMAINING \_\_\_\_\_

---

---

AMOUNTS CLAIMED ON THIS INVOICE CONSTITUTE AUTHORIZED PAYMENTS IN ACCORDANCE WITH THE  
TERMS OF THE AGREEMENT.

\_\_\_\_\_  
Employer Signature Success Coach Signature/Date

\_\_\_\_\_  
Title WIOA Supervisor Signature/Date

\_\_\_\_\_  
Date Finance Department Signature/Date

\*30 day employment verification has been received. Employer is eligible for additional 25% reimbursement.  
Employment verification attached.