

OJT INVOICE

WORKFORCE SOLUTIONS OF PROVIDENCE/CRANSTON

180 Westminster Street

Telephone (401) 861-0800

Providence, Rhode Island 02920

FAX (401) 861-9650

PART A. OJT CONTRACTOR INVOICE

CONTRACTOR: _____

ADDRESS: _____

CONTACT PERSON: _____

OCCUPATION: _____

INVOICE NUMBER: _____

CONTRACT NUMBER: _____

FUNDING SOURCE: _____

CONTRACTOR F.E.I.N.: _____

PAYMENT RECORD: _____

CONTRACT PERIOD: _____

D.O.T. CODE: _____

Total Number Authorized	Number Currently Enrolled	Number Entered Employment	Number Negative Terminations	Total Number Trained	Total Authorized Hours	Cumulative Hours Trained	50% Hourly Wage	Total Earned To Date
Tools: (Only applicable if negotiated in the original agreement)								

TOTAL AMOUNT EARNED TO DATE.....\$ _____

TOTAL AMOUNT INVOICED PRIOR TO THIS REQUEST.....\$ _____

TOTAL AMOUNT INVOICED THIS REQUEST.....\$ _____

THE CONTRACTOR ASSURES THAT ALL APPLICABLE FEDERAL/STATE TAXES HAVE BEEN PAID THROUGH THE END OF THE PRECEEDING QUARTER

PART B: TRAINEE RECORD OF HOURS

TRAINEE NAME (LAST, FIRST, MIDDLE)					START DATE			END DATE			SOCIAL SECURITY #	
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
												Cumulative Total

For the Contractor:				For the Grantor:			
SIGNATURE:		DATE:		SIGNATURE:		DATE:	