

**INVOICE** 

Invoice Date:

WIA/TAA On-The-Job Training (OJT) LWIA Area: TAA Office: Petition Number: TA-W Contract Number:

Please Mail Invoice To:

Virginia Employment Commission Case Manager:

Trainee Name:	Company Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone Number:	Phone Number:
Cell Number:	Cell Number:
Email:	Email:
SSN:	Federal Employer I dentification Number (FEIN):

## Time Sheet Information

Please Attach verification of hours worked (e.g. Time Sheet) NOTE: Reimbursable Weekly Hours Worked cannot include overtime hours as defined by the employer

From/To (Enter the beginning and ending of work week)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Hours Worked
to								
to								
to								
to								
to								
Total Hours Worked During Period:								

## OJT Reimbursement Information

a. Starting Wage Per Master Agreemen	t:\$ x	(Total Hours Worked	During Period) = \$	(Gross Paid)	
b. Gross Paid From Line (a) \$ x	50% or Flat Trainir	ng Fee of \$ = \$	(Reimburseme	nt Due Employer)	
c. Tool Cost for This Month: \$ x Tools:	% = \$	(May include tools, E	quipment, and Unifor	ms. Please List All	
d. Classroom Training Cost for This Month (Tuition/Books): \$ x 100% = \$ Schedule Attached? Yes □ No □					
Total Training Rei	mbursement Dı	ue Employer: \$	(Sum of b + o	c + d)	
I hereby certify that the actual expenditures reported on this OJT invoice are taken from the books/payroll of: (Company Name). Such expenditures have been valid and consistent with the terms of the QJT Master Agreement.					

Employer Signature	Print Name	Title	Date
Employer Signature		The	Date
Office Use Only:			
Date Received:	Reviewed for Accuracy by Case Manager: Yes 🗌 No	•	
Case Manager Signature:	Date:		