|  |  |
| --- | --- |
| (1) Employer | (2) End date of Invoice Period |
|  | Month | Date | Year |
|  |  |  |
| Address (Street, City, State, Zip Code) | (3) Contract Number | (4) Inv. # |
| **GENERAL** | HOURS THIS PERIOD |  |  |  |  |  |
| Participant’s NameNJCOS ID | OJTStart Date | **Total****Authorized****Hours** | Work Training Hours | Overtime (may not be reimbursable) | Holiday, Sick Leave, Vacation(not reimbursable) | **Total Monthly Hours** | Allowable Hours for Invoice | OJT Wage Rate | OJT Reimb. Rate | **Total Due** |
| (5) | (6) | (7) | (8) | (9) | (10) | **(11=8+9+10)** | (12) | (12b) | (13) | **(14=12 x 12b x 13)** |
|  |  |  |  |  |  |  |  |  |  |  |
| (15) I hereby request reimbursement for the training activity outlined above in accordance with the OJT contract.  | (16) Amounts claimed on this invoice constitute authorized payments in accordance with the terms of this contract. | (17) Required Invoice Attachments: Timesheet  Paystub Progress Report or  Final  Training Evaluation Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Employer’s Authorized Signature  | Agency’s Authorized Signature | (18) Total Contract Authority |
| (19) Previous Invoice Amounts Total |
| Title Date | Title Date | (20) Amount Claimed Invoice |
| (21) Remaining Contract Balance (21=18-(19+20)) |