|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (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 Name  NJCOS ID | OJT  Start 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)) | | | |