

(1) Employer							(2) End date of Invoice Period				
							Month	Date	Year		
Address (Street, City, State, Zip Code)					(3) Contract Number			(4) Inv. #			
<b>GENERAL</b>			<b>HOURS THIS PERIOD</b>								
Participant's Name NJCOS ID	OJT Start Date	<b>Total Authorized Hours</b>	Work Training Hours	Overtime (may not be reimbursable)	Holiday, Sick Leave, Vacation (not reimbursable)	<b>Total Monthly Hours</b>	Allowable Hours for Invoice	OJT Wage Rate	OJT Reimb. Rate	<b>Total Due</b>	
(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: <input type="checkbox"/> Timesheet <input type="checkbox"/> Paystub <input type="checkbox"/> Progress Report <u>or</u> <input type="checkbox"/> Final Training Evaluation <input type="checkbox"/> 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))					