(1) Employer							(2) End date of Invoice Period			
Address (Street, City, State, Zip Code)						(3) Contract Number (if applicable)		(4) Inv. #		
GE	HOURS THIS PERIOD									
Participant's Name and User ID #	OJT Start Date	Total Authorized Hours	Work Training Hours	Overtime (may not be reimbursable)	Sick Leave and Vacation (not reimbursable)	Total Monthly Hours	Allowable Hours for this Invoice	OJT Wage Rate	OJT Reimb. Rate	Total Reimbursement Due
(5)	(6)	(7)	(8)	(9)	(10)	(11=8+9+10)	(12)	(13)	(14)	(15=12x13x14)
(16) I hereby request reiml activity outlined abov OJT contract.	(17) Amounts claimed on this invoice constitute authorized payments in accordance with the terms of this contract.			(18) Required Invoice Attachments: Timesheet Paystub Progress Report or Final Training Evaluation Other:						
Employer's Authorize	Sub-Recipient's Authorized Signature:				(19) Total Contract Authority					
					(20) Previous Invoice Amounts Total					
Title: Date:			Title: Date:				(21) Amount Claimed Invoice			
						(22) Remaining Contract Balance (22=19-(20+21))				