

OJT MONTHLY INVOICE

(1) Contractor							(2) End date of Report Period			
							Month	Date	Year	
Address (Street, City, State, Zip Code)					(3) Contract Number			(4) Inv. #		
				<b>HOURS THIS MONTH</b>						
Participant's Name	Start Date	Date Terminated/ Completed	<b>Total Authorized Hours</b>	Work Training Hours	Overtime (not reimbursable)	Holiday, Sick Leave, Vacation (not reimbursable)	<b>Total Monthly Hours</b>	Cumulative Work Training Hours	Hourly Unit Cost Factor	<b>Total Reimbursement Earned to Date</b>
(5)	(6)	(7)	(8)	(9)	(10)	(11)	<b>(12=9+10+11)</b>	(13)	(14)	<b>(15=13x14)</b>
(16) Amounts claimed on this invoice constitute authorized payments in accordance with the terms of this contract.				(17) I certify to the validity of this training; meeting of the contract terms; and the information on this invoice.			(18) Payment Requested <input type="checkbox"/> Interim <input type="checkbox"/> Final <input type="checkbox"/> None		(19) <b>Total (Same as 15)</b>	
Contractor's Authorized Signature As On Contract				Agency's Authorized Signature			(20) Less payments made to date			
Title		Date		Title		Date		(21) Amount claimed on this invoice		