

## CUSTOMIZED SKILLS TRAINING PLAN/REIMBURSEMENT INVOICE

Participant: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Training Plan List work elements, skills, duties, or tasks for which training will be provided. Use additional pages if required.	Date Provided	Proficient Yes/No
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<u>Itemization of actual costs incurred for training:</u>		Amount of reimbursement: \$ _____
Direct Staff/Instructor Time:	\$ _____	
Training Materials:	\$ _____	
Other (list):	\$ _____	
<b>Total cost of training</b>	<b>\$ _____</b>	
<p>I certify that training was provided in the skills and duties listed above and recorded costs are actual. The above information is accurate and represents my determination of the individual's performance.</p>		
Employer's Signature		Date