



## INVOICE FOR PAYMENT OF OJT SUBCONTRACT

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTRACT #: \_\_\_\_\_

TRAINEE NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OJT Start Date	Total Training Hours this pay period	Hourly Rate	Total Amount Paid
<b>Total Wages Paid X 50 %</b>			
<b>Total Amount Due</b>			

**This invoice covers training costs incurred by the employer from:**  
 \_\_\_\_\_ to \_\_\_\_\_

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>Hours</b>															
Day	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
<b>Hours</b>															
Day	31														Total
<b>Hours</b>															

***I certify that the above recorded days/hours are true and accurate. MUST include proof of payroll.***

**Employer Signature:** \_\_\_\_\_

Office Use Only

WDB Review Date:  
\_\_\_\_\_

By: (Initials)  
\_\_\_\_\_

Email To: [janthony@rossworks.com](mailto:janthony@rossworks.com) OR  
 Mail Original no later than 5<sup>th</sup> of next month to:  
 600 18<sup>th</sup> St. Box #3  
 Parkersburg WV 26101  
 Attn: Robin Sterling

**\*\*Final Reimbursement must include Training Description & Outline**