**INVOICE FOR PAYMENT OF TJ SUBCONTRACT**

EMPLOYER:

ADDRESS:

DATE:

CONTRACT #:

TRAINEE NAME:

OCCUPATION:

|  |  |  |  |
| --- | --- | --- | --- |
| **TJ****Start Date** | **Total****Training Hours this pay period** | **Hourly Rate** | **Total Amount Paid**  |
|  |  |  |  |
| **Total Wages Paid 100%** |  |  |
| **Total Amount Due** |  |  |

**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** |
| **Hours** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Day** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** |
| **Hours** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Day** | **31** |  |  |  |  |  |  |  |  |  |  |  |  |  | **Total** |
| **Hours** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

Office Use Only

WDB Review Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: (Initials)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Signature:**