



## On-the-Job Training (OJT) Contract: Employer Invoice

Employer Information			
Company Name:	Company Address:	Company Phone:	
Trainee Information			
Trainee Name:			
Maximum Training Hours:	Reimbursement Rate:	Reimbursement Percentage:	Maximum Reimbursement Amount:
Wage and Reimbursement Information			
Pay period covered by this invoice began:	Pay period covered by this invoice ended:	Gross wages earned in the pay period:	Amount of reimbursement requested (gross wages times reimbursement percentage):
Training Plan Status Information			
The current status of the training plan is:			If still employed, indicate current hourly pay rate:
If trainee did not complete training and is no longer employed, please describe circumstances:			

Please send invoice, with all timesheets, and a copy of the employee's payroll register to:

[tn.setn.ojt@edsi.com](mailto:tn.setn.ojt@edsi.com)

I certify that the information above is correct, that appropriate documentation of wages paid is attached to this invoice and that a final trainee evaluation is attached (if required at this point).

Typed (or Printed) Name & Title: \_\_\_\_\_

Authorized Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE SUBMIT OJT INVOICE WITHIN 30 DAYS FROM THE END OF THE OJT TRAINING PERIOD**