American Job Center
On-the-Job Training Invoice

On-the-Job Training Contractor: ____________________

Address: ____________________

____

Contact Person: ____________________

Phone Number: ____________________ Fax Number: ____________________

E-mail address: ____________________

Add # Voucher#	Training Beginning Date	Training Ending Date	Program Employee Name VOS State ID #	Total Hours Worked	Total Wages Earned	Total Max Reimbursement
					Total	-

Employer Signature: ____________________

Date: ____________________

07.01.19

The Southeast Tennessee Development District is an Equal Opportunity Employer/Program. Auxiliary aides and services are available upon request.