



Team ID \_\_\_\_\_

# On-The-Job Training Invoice

Trainee Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

SSN: XXX-XXX- \_\_\_\_\_  
 Pay Period  
 From: \_\_\_\_\_  
 To: \_\_\_\_\_

Date							
Total Hours							

Total Hours.	Training Rate	Total Training Fee

Date							
Total Hours							

Total Hours.	Training Rate	Total Training Fee

Total Amount Due \$ \_\_\_\_\_

I certify that the hours shown are a true and accurate representation of time worked by me.

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Date

I certify that the hours shown are a true and accurate representation of time worked as authorized, and that the trainee has been paid accordingly.

\_\_\_\_\_  
Worksite Supervisor/Trainer Signature

\_\_\_\_\_  
Date

Upon completion, please keep one copy and immediately send original with progress report to:

\_\_\_\_\_  
Nebraska VR Agent Signature