

# INVOICE - OJT

## Due Upon Receipt

Client Name: \_\_\_\_\_

Provider/  
Payee  
Name/  
Address:

Dates of Service : \_\_\_\_\_ to \_\_\_\_\_

Day of month	Start / End	Total Hours to the Decimal
1	/	
2	/	
3	/	
4	/	
5	/	
6	/	
7	/	
8	/	
9	/	
10	/	
11	/	

Day of month	Start / End	Total Hours to the Decimal
12	/	
13	/	
14	/	
15	/	
16	/	
17	/	
18	/	
19	/	
20	/	
21	/	

Day of month	Start / End	Total Hours to the Decimal
22	/	
23	/	
24	/	
25	/	
26	/	
27	/	
28	/	
29	/	
30	/	
31	/	

TOTAL HOURS  
Rate/hour  
FICA


Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature : \_\_\_\_\_ Date : \_\_\_\_\_

VR Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TOTAL BILLED AMT: \_\_\_\_\_