



Team ID _____

Private 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