

**FRESNO REGIONAL WORKFORCE DEVELOPMENT BOARD**  
**Employer Reimbursement Invoice**

Provider Location \_\_\_\_\_ Grant Code \_\_\_\_\_ Invoice # \_\_\_\_\_ Check if final Invoice

Provider of Services \_\_\_\_\_ OJT Agreement # \_\_\_\_\_

Employer \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Participant Name \_\_\_\_\_ State ID # \_\_\_\_\_

Billing Period \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reimbursement will be in accordance with the OJT Agreement and OJT Provisions. Reimbursement will not be made for non-work time, e.g. overtime, vacation, sick leave, holidays not worked or shift differential.

**Record of Hours Worked**

| WEEK OF            | SUN | MON | TUE | WED | THUR | FRI | SAT | TOTAL |
|--------------------|-----|-----|-----|-----|------|-----|-----|-------|
|                    |     |     |     |     |      |     |     |       |
|                    |     |     |     |     |      |     |     |       |
|                    |     |     |     |     |      |     |     |       |
|                    |     |     |     |     |      |     |     |       |
| <b>TOTAL HOURS</b> |     |     |     |     |      |     |     |       |

Was there a salary increase during this invoice period? Yes  No

My signature below hereby certifies that the training and/or services were provided in accordance with the provisions of the OJT Agreement. I also affirm that this invoice is true and correct.

\_\_\_\_\_  
Employer Name (Print) Authorized Signature Date

**Provider of Services Use Only**

|                         |                  |                     |   |
|-------------------------|------------------|---------------------|---|
| (a) Total Hours Worked: | (b) Hourly Wage: | (c) Reimbursement % | Amount to be Reimbursed: (a) x (b) x (c) \$ |
|-------------------------|------------------|---------------------|---|

My signature below hereby certifies that the training and/or services were provided in accordance with the provisions of the OJT Agreement. I also affirm that this invoice is true and correct.

\_\_\_\_\_  
Service Provider Staff Name (Print) Authorized Signature Date

## OJT Employer Reimbursement Invoice Instructions

This form is used to request reimbursement for OJT services rendered during a training period. It is also used to include comments from the Provider of Services (POS) Representative's (e.g., Business Account Specialist) and interviews with the employer. Each invoice must be numbered in sequence and a final invoice must be so indicated by a check in the appropriate box in the top right portion of the form. The POS should assist the employer in completion of the form whenever necessary. After inserting "Provider Location" and "Grant Code", the form should be completed using the following guidelines:

1. Insert the complete and correct information on all lines down to the Record of Hours Worked chart.
2. In the Record of Hours Worked chart, during the training period that reimbursement is sought, starting with the column entitled "Week Of", insert the appropriate month and day, using Sunday as the first day of each week. Complete the remainder of the boxes by inserting the total number of hours worked corresponding with each day in the week. Total across by week of work activity and put the total hours worked in the appropriate box at the far right in the "Total" column. Then, total each day, horizontally and vertically, listing the total hours worked in the appropriate boxes in the "Total" columns at the right of as well as the bottom of the chart. When complete, the sum of the horizontal totals must equal the sum of the vertical totals.
3. Complete the "Provider of Services (POS) Use Only" section by transferring the hours from the bottom right total box on the Record of Hours Worked to box (a) Total Hours Worked. Insert the appropriate hourly wage in box (b) Hourly Wage, and (c) Reimbursement %. Multiply (a) times (b), multiply the result times (c) and place this figure in the box entitled "Amount to be Reimbursed". This figure represents the amount requested for reimbursement with this invoice. Note: If there are multiple hourly wage rates in a training period, a calculation must be made for each before totaling. Also note that if an employment agency is the Employer of Record, the reimbursement amount is based on the actual wage received by the participant, net of fees and charges by the agency.
4. The employer and POS representative is required to sign and date this form in the areas provided at the bottom.