



ON-THE-JOB TRAINING INVOICE

Northwest Private Industry Council

1730 University Avenue
 Crookston, MN 56716
 (218) 281-6020 Phone
 (218) 281-6025 Fax

Sub-grantee Company Name	Program Funding Source
Sub-grantee Street or Box Number	Invoice # _____ of _____ CHECK IF FINAL INVOICE _____
Sub-grantee City, State and Zip Code	Invoice Period From: _____ To: _____
Sub-grantee Contact Person	Participant Name
Sub-grantee Telephone	Participant SS#

I. WAGE REIMBURSEMENT	TYPE	HOURS	HOURLY RATE OF REIMBURSEMENT	TOTAL DOLLAR AMOUNT
1. Hours Worked To Date				
2. Amount Previously Invoiced				
3. Reimbursement This Invoice				
II. EDUCATIONAL COSTS				
1. Educational Costs To Date				
2. Amount Previously Invoiced				
3. Reimbursement This Invoice				
III. TOTAL REIMBURSEMENT DUE				

SUB-GRANTEE CERTIFICATION: I hereby certify that the actual expenditures reported on this OJT invoice are taken from the books of original entry, and that such expenditures have been valid and consistent with the terms of the OJT sub-grant.

 Grantor Representative Signature / Date

 Sub-grantee Representative Signature / Date

FOR NWPIC USE

Vendor # _____ Voucher # _____ Project Element _____ Dollar Amount _____ Check Date _____ Check # _____

 Accounting Signature / Date

 Authorized NWPIC Signature / Date