# WPGRI OJT Invoice

1511 Pontiac Ave
Cranston, RI 02920
401-462-8730

## PART A. OJT CONTRACTOR INFORMATION

CONTRACTOR: _____

ADDRESS: _____

_____

CONTRACTOR F.E.I.N.: _____

CONTACT PERSON: _____

CONTRACT NUMBER: _____

FUNDING SOURCE: _____

CONTRACT PERIOD: _____

CONTRACT AWARD: _____

EMAIL:

## PART B. OJT TRAINEE INFORMATION

TRAINEE NAME:

_____

*Last, First, MI*

TRAINEE SOCIAL SECURITY # (last 4 digits only):

_____

Total Training Hours Authorized: _____

Starting Hourly Wage Rate: _____

| Invoice # (for office use only) | Dates Covered | Hours Worked | Reimbursement Rate | Total Amount Requested for this Invoice |
|---|---|---|---|---|
| | | | | |

Trainee Status:

Active ___x___ Negative Termination _____ Completed Training _____

## PART C. OJT CONTRACTOR INVOICE

***NOTE:* THE CONTRACTOR ASSURES THAT ALL APPLICABLE FEDERAL/STATE TAXES FOR TRAINEE HAVE BEEN PAID THROUGH**

Name: _____

Signature: _____

Date: _____

***WPGRI STAFF***

Name: _____

Signature: _____

Date: _____