

On the Job Training MONTHLY INVOICE AND PERFORMANCE REVIEW

Employer: _____ Invoice Month: _____

Name of Employee: _____

EMPLOYEE'S MONTHLY PERFORMANCE REVIEW

E = Excellent S = Satisfactory U = Unsatisfactory

Attendance/Punctuality	Attitude	Dependability	Progress	Overall
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If the employee worked less than _____ hours, please explain why: _____

**** PLEASE PROVIDE COPIES OF EMPLOYEE'S PAY STUBS WITH THIS INVOICE ****

I certify that the ATTACHED employee's **Payroll Receipt/Pay Stubs** are correct and obtained directly from the employer's payroll records/documents.

Employer's Signature:	Date:
Employee's Signature:	Date:

PAYMENT RECORD *WORK SERVICES USE ONLY*

Please list pay period, pay date, amount of each check, and gross pay for calendar month.

Pay Dates	Holiday	Excused Days	Un-Excused Days	Gross Paid

TOTAL GROSS AMOUNT paid to employee	
TOTAL GROSS PAY _____ X 50 % =	Reimbursement \$

Invoice Payment

Total Reimbursement Authorized:	Provider Vendor Number (PVN):	Notes:
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Certification

Payment Amount: \$	Date:	Initials:
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Work Services Representative Signature: _____ Date: _____