

Contract Number:

Billing Period: _____

**Foothills Workforce Development Board WIOA
On-the-Job Training Invoice**

Contractor:

WIOA
Region C Local Area
Job Training Program

Name:

Isothermal Planning and
Development Commission
Attn: Arlene Taylor

Address:

PO Box 841
Rutherfordton, NC 28139

Contact Person:

Arlene Taylor
ataylor@regionc.org

Telephone:

Phone: (828)-351-2362
Fax: (828) 351-2438

TRAINEE: _____
Name

Social Security Number

TOTAL HOURS WORKED THIS PERIOD: _____

Please attach a copy of the employee's timesheet or timecard.

Reimbursement \$ _____ **per hour**

The contractor will be reimbursed according to Isothermal Planning and Development Commission's finance department schedule. Checks are processed on the 30th; invoices must be submitted at least three working days in advance.

The Contractor certifies that the hours reported are accurate and in accordance with the terms and conditions of the OJT contract and WIOA.

Trainee Signature

Date

Authorized Contractor Signature

Date