

AGENCY FOR HUMAN RESOURCES DEVELOPMENT
AHENSIAN INADILANTO YAN GUINAHA PARA TAOTAO
GOVERNMENT OF GUAM

414 W. SOLEDAD AVENUE , GCIC BUILDING, HAGÁTÑA, GUAM 96910
 TELEPHONE: (671) 475-7000 FAX NO: (671) 475-7098

OJT MONTHLY REIMBURSEMENT INVOICE

1. CONTRACTOR				2. ADDRESS				3. AGREEMENT NO.				4. DURATION OF AGREEMENT FROM: _____ TO: _____					
5. TOTAL AMOUNT AUTHORIZED				6. TOTAL HOURS AUTHORIZED				7. TOTAL POSITIONS AUTHORIZED				8. TOTAL REIMBURSEMENT AMOUNT					
9 TRAINEE'S NAME: _____ OCCUPATION: _____ SOC. SEC. NO.: _____ HOURS PER WEEK: _____								10. STATUS: (CHECK ONE) <input type="checkbox"/> ACTIVE <input type="checkbox"/> COMPLETED <input type="checkbox"/> DROPPED OUT OR TERMINATED DATE: _____ DATE: _____ DATE: _____									
11. TIME AND ATTENDANCE FOR THE MONTH OF:								INVOICE: <input type="checkbox"/> INITIAL <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL									
DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	TOTAL HOURS
CODE																	
HOURS																	
DATE	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
CODE																	
HOURS																	
CODES: W - WORKED V - PAID VACATION S - PAID SICK LEAVE H - HOLIDAY														TOTAL HOURS: _____ WAGE RATE: _____ GROSS AMOUNT: _____ F.I.C.A DEDUCTION: _____ TAX DEDUCTION: _____ NET PAY: _____			
I CERTIFY THAT I RENDERED SERVICES AS SHOWN HEREIN AND THAT PAYMENT HAS BEEN RECEIVED.																	
_____ EMPLOYEE SIGNATURE										_____ DATE							
12. EMPLOYER'S CERTIFICATION: I CERTIFY THAT ALL APPLICABLE FEDERAL/LOCAL TAXES AND INSURANCE PAYMENTS HAVE BEEN MADE FOR THIS INVOICED PERIOD, AND THAT THE AMOUNT CLAIMED IN THIS INVOICE CONSTITUTES AUTHORIZED PAYMENTS IN ACCORDANCE WITH PROVISIONAL TERMS OF THE OJT AGREEMENT. I FURTHER CERTIFY THAT I WILL MAINTAIN ALL SUPPORTIVE DOCUMENTS FOR A PERIOD OF 5 YEARS AFTER THE AGREEMENT EXPIRES. I WILL BE LIABLE FOR ALL QUESTIONED COSTS RESULTING FROM THE LACK OF PROPER DOCUMENTATION, SUCH AS TIME CARDS AND CHECK STUBS.																	
EMPLOYER'S SIGNATURE: _____										DATE: _____							
FOR A.H.R.D. USE ONLY																	
13. FISCAL EXAMINER'S CERTIFICATION: I CERTIFY THAT THIS INVOICE DOES NOT EXCEED THE AGREEMENT OBLIGATION AND REIMBURSEMENT SHOULD BE MADE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE OJT AGREEMENT.																	
FISCAL EXAMINER'S SIGNATURE: _____										DATE: _____							
14. TOTAL AMOUNT CLAIMED						15. PAYROLL RECORDS VERIFIED						16. TOTAL AMOUNT REIMBURSED					
17. DATE FORWARDED TO DOA DIVISION OF ACCOUNTS									18. PAYMENT DATE/DOA CHECK NO.								
19. EMPLOYER INVOICE NO.									20. PROGRAM TITLE <input type="checkbox"/> WIA - ADULT <input type="checkbox"/> WIA - D.W. <input type="checkbox"/> WTW - 70% <input type="checkbox"/> WTW - 30%								