

INSTRUCTIONS FOR COMPLETING THE OJT MONTHLY REIMBURSEMENT INVOICE

All invoices should be printed in ink or typewritten to ensure legibility, and must be accompanied with applicable time and attendance records (e.g. copy of check stubs or cancelled checks) of OJT worker included for reimbursement on the invoice. Original invoice and attachments should be submitted to the AHRD, FISCAL office located on the 4th floor of the G.C.I.C. Building in Hagatna.

1. Print the full name of the Contractor of OJT employer requesting reimbursement.
2. Print the full mailing address of the OJT employing company.
3. Print the Contract number taken from page one of the OJT Contract.
4. Print the official beginning and end dated of the OJT Contract.
5. Print the total amount of OJT funds obligated under the OJT Contract.
6. Print the total number of OJT occupations hours obligated under the OJT Contract.
7. Print the total number OJT occupations authorized under the OJT Contract.
8. Print the total amount to be reimbursed. (Gross amount x Funded Wage Rate)
9. List the name of the OJT participant for which reimbursement is requested in the invoice, the occupational title of the participant, the Social Security Number and the total number of OJT hours per week.
10. Indicate the applicable participant status by checking the appropriate term:
Active - if the trainee was in OJT activity during the period the invoice covers.
Completed - if the trainee has completed OJT activity.
Dropped out/terminated – if the trainee dropped out of the program or has terminated OJT training.
List the date such a status occurred in the space provided.
11. Print the month for which reimbursement is requested for each corresponding participant listed in block 9. Note the codes at the bottom of this item and enter the appropriate code for each day of the month. The employee must certify that he/she has received payment for the invoiced month.
12. This certification should be completed by the Contractor/Employer's representative authorized in the applicable OJT Contract to sign OJT reimbursement invoices. This certification acknowledges contractor/Employer compliance with applicable tax and worker compensation financial obligations, and the terms and provisions of the OJT Contract.
- 13-20 These items to be completed by AHRD, FISCAL Examiner.

Should you have any additional questions regards to the completion or submittal of the OJT Monthly Reimbursement Invoice, you can contact the AHRD, FISCAL office at 475-4760 or 475-4763.