

EXPANDED SUBSIDIZED EMPLOYMENT AGREEMENT INVOICE

Participant Name:	Agreement#
Employer Name:	Service Provider Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone/Fax Number:	Phone/Fax Number:

This invoice is to request reimbursement for the period of _____ to _____. I request a reimbursement payment based on the following:

Phase	Employer Wage Rate	Actual Hours Worked	Rate of Reimbursement	Actual Reimbursement Amount
Months 1-4	\$		100%	\$
Months 5-6	\$		75%	\$
Total	\$			\$

Paystubs verifying all hours worked for the reimbursement period must be attached.

This is to certify that the above named employee has completed and been paid for the hours listed above of straight-time work (excluding vacations, holidays, sick leave for the first 90 days of employment, personal leave, union dues, jury duty, commissions, bonuses or special compensation for work in excess of the maximum hours per week authorized by law) as indicated by the attached paystubs.

Authorized Employer Signature

Date