

**COST CONTRACTOR'S INVOICE**

U.S. Department of Labor  
**Employment and Training Administration**

Contractor's Name and Address	Invoice No.
	Date of Invoice
Contractor's Phone Number & Area Code	Contract No.

OJT     R.E &E    Period Covered by Contract \_\_\_\_\_

1. Total Costs incurred from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_
2. Estimated costs to be incurred  
     from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_
3. Total actual plus estimated costs..... \$ \_\_\_\_\_
4. Less payments received to date..... \$ \_\_\_\_\_
5. Net amount of this request \*..... \$ \_\_\_\_\_

**Invoice Certification**

The amount claimed on this invoice constitute allowable costs in accordance with the terms of the contract.

\_\_\_\_\_ Date  
 Authorized Signature

\* Amounts needed, by period, for initial advance

_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ <u>_____</u>

**Project Officer Certification**

**OF & MS USE**

1. Recommendation  Performance Satisfactory for Payment purposes	1. Appropriation Number
	2. Amount to be Paid
2. Signature	3. Examiner Signature    4. Date Approved
4. Date Signed	