



Training Reimbursement Invoice

To be completed by company official and delivered or mailed to AIDT Project Manager at the appropriate address. Reimbursement request must be in compliance with AIDT's Letter of Commitment. Submit an invoice and roll attendance report only when the class completes.

COMPLETE IN INK OR TYPE THE SHADED AREA. RETURN ORIGINAL, NO PHOTOCOPIES.

<p>MAKE CHECK PAYABLE TO (type of print):</p> <p>_____</p> <p>Company Name</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City, State, Zip + four</p> <p>_____</p> <p>Attention:</p> <p>I certify that this information is true, correct and payment is due.</p> <p>_____</p> <p style="text-align: center;">Instructor Signature Date</p> <p>_____</p> <p style="text-align: center;">Approved: Company Official Date</p>	<p>Start Date: _____ , _____</p> <p>End Date: _____ , _____</p> <p>Rate of Pay \$ _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 15%; text-align: center;">Hours</th> </tr> </thead> <tbody> <tr> <td>Instructional</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Define:</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Define:</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Hours	Instructional	_____	Define:	_____	Define:	_____	TOTAL	_____
	Hours										
Instructional	_____										
Define:	_____										
Define:	_____										
TOTAL	_____										

THIS AREA TO BE COMPLETED BY AIDT

Project Name: _____ **Location:** _____

Job/Course Title: _____ **Requisition ID:** _____

Project ID: _____ **Job ID:** _____

	Ratio	Hours	Rate per Hour	Total \$
Instructional	_____	_____	\$ _____	\$ _____
Define:	_____	_____	\$ _____	\$ _____
Define:	_____	_____	\$ _____	\$ _____
TOTAL	_____	_____	\$ _____	\$ _____

Pre-Employment

 On-the-Job

 New Skills

 General

Roll Sheet Verified and Copied to Administration

_____ **Approved: AIDT Signature** _____ **Date**

AIDT - Montgomery Center
 One Technology Court
 Montgomery, Alabama 36116-3200
 (334) 242-4158; FAX (334) 242-0299

AIDT - Mobile Center
 1854 Ninth St., Brookley Complex
 Mobile, Alabama 36615-4200
 (251) 432-3336; FAX (251) 433-2675

AIDT - Sylacauga Center
 300 W. 10th Street
 Sylacauga, Alabama 35150
 (256) 249-9844; FAX (256) 245-6889

AIDT - Huntsville Center
 2903 Wall Triana Hwy., Suite 1
 Huntsville, Alabama 35824-1537
 (256) 461-7550; FAX (256) 461-8153



On-the-Job Training Roll and Attendance Record

This roll sheet is used for **OJT programs only** - a separate roll sheet will be provided for other types of training programs.

Information requested on this form is used by AIDT for reporting and statistical purposes only and will not be released to unauthorized sources. Include only those completing training to company satisfaction.

Trainee Name (Please Print)	Last 4 Digits Social Security Number	Start Date Mo/Da/Yr	End Date Mo/Da/Yr	Total Trainee Hours

Instructor Name(s) (Please Print)

_____ _____ _____ _____	_____ _____ _____ _____
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