



Company Reimbursement Invoice

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

COMPLETE IN INK OR TYPE IN THE SHADED AREA. RETURN ORIGINAL COPIES ONLY.

MAKE CHECK PAYABLE TO (type or print): <hr/> Company Name <hr/> Mailing Address <hr/> City, State, Zip + four <hr/> Attention: _____ <hr/> I certify that this information is true, correct and payment is due. <hr/> <div style="display: flex; justify-content: space-between;"> Instructor Signature Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Approved: Company Official Date </div>	Earliest Start Date: _____, _____ Latest End Date: _____, _____ Actual Rate of Pay \$ (Instructor) _____ Hours <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Instructional</td> <td style="width: 20%;"></td> </tr> <tr> <td>Define:</td> <td></td> </tr> <tr> <td>Define:</td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td></td> </tr> </table>	Instructional		Define:		Define:		TOTAL	
Instructional									
Define:									
Define:									
TOTAL									

Course(s) Taught: _____

THIS AREA TO BE COMPLETED BY AIDT

Project Name: _____ **Location:** _____

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

	Ratio	Hours	Rate Per	Total \$
Instructional: _____			\$	\$
Define: _____			\$	\$
Define: _____			\$	\$
TOTAL			\$	\$

Pre-Employment
 Post-Employment
 On-The-Job
 New Skills

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
 Company Reimbursement Invoice 3/23/2010

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

