



## Invoice – Incumbent Worker Training

### INFORMATION SECTION I. BUSINESS INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SECTION II. EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Agreement #: \_\_\_\_\_

Number IWT hours completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Approved Voucher #: \_\_\_\_\_

**Please comment on employee's overall work performance:**

### SECTION III. SIGNATURES

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form to: *Employ Milwaukee, 1322 N. 8th St., Milwaukee, WI 53205*

**EMI STAFF ONLY**

IWT Owner Signature Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Form Date: 01.26.26

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