



Invoice – Incumbent Worker Training

INFORMATIONSECTION 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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