Washington State Department of Social & Health Services
DVR Division of Vocational Rehabilitation

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF V OCATIONAL REHABILITATION

Customer Internship Program

Attendance Log and Billing Invoice

This form may be used by the host employer to track the hours worked, and wages/salary paid, to the intern. If the host employer chooses, they can use their own invoice. This form or the host employer's invoice is submitted on a monthly basis to the DVR counselor at the time of billing.

INTERN'S NAME	MONTH
HOST EMPLOYER'S NAME	AFP NUMBER
HOST EMPLOYER'S ADDRESS	

Total amount billed to DVR for this month: $_____

DATE	HOURS WORKED		DATE	HOURS WORKED	
	START TIME	END TIME		START TIME	END TIME

TOTAL WAGES	PAYROLL TAXES	WORKER'S COMPENSATION
$	$	$
SUBMITTED BY: NAME	SIGNATURE	DATE