

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 | | | HOURS WORKED | |
|--------------------------|--------------|-----------------|------|------------------|----------|
| | START TIME | END TIME | DATE | START TIME | END TIME |
| | | | | | |
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| TOTAL WAGES | | PAYROLL TAXES | | WORKER'S COMPENS | ΔΤΙΟΝ |
| | | | | | |
| \$ SUBMITTED BY: NAME | = | \$ SIGNATURE | | \$ DATE | |
| | - | SIGNATURE | | DATE | |
| | | | | | |