

## 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
					<u> </u>
TOTAL WAGES		PAYROLL TAXES		WORKER'S COMPENS	ΔΤΙΟΝ
\$ SUBMITTED BY: NAME	=	\$ SIGNATURE		\$ DATE	
	-	SIGNATURE		DATE	