



BEP OJT TRAINER INVOICE

INVOICE NUMBER: _____
(OJT Checklist - DSB-5057-BE-ia must be submitted with invoice)

DATE: _____

TRAINEE NAME: _____

TRAINEE'S NUMBER OF HOURS WORKED: _____

TRAINING DATES: _____

OJT TUITION FEE DUE TO TRAINER: _____

Trainer's Printed Name

Trainer's Signature