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|  | | 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 | | | | | | |