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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 |