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|--------------------|--|-----------------|--|---------------------------|------------|
| Subledger | | Location | | Client state ID | |
| Client Name | | | | Participation Date | |
| Address | | City | | State | Zip |
| Vendor Name | | | | FTIN | |
| Address | | City | | State | Zip |

AUTHORIZED ITEMS FOR CLIENT ASSISTANCE: This voucher will serve as authorization for financial assistance for the following items and the assistance amounts cannot exceed authorized amounts listed.

| | Authorized Amount | Payment Amount |
|---------------------------------|------------------------------|----------------|
| | | |
| Service Authorized Date: | Invoice Receipt Date: | Total |

| | | | | | |
|--------------------|-------------------------------|------------------------------|---------------------------|-------------------------------------|-------------------------------------|
| Object Code | 592109 On the Job Training | 592111 All Other Training | 592113 Apprenticeships | 592114 Incumbent Worker Training | 592115 Transitional Job Training |
| | 592116 Work Experience | 592117 Supportive Service | 592101 Wage Subsidy | 592100 Trade | Other |

| | | | | | | |
|---------------------|-------|-----|-----------------|---------------------|-------|-----|
| Program Area | Adult | DLW | In School Youth | Out of School Youth | Trade | TET |
|---------------------|-------|-----|-----------------|---------------------|-------|-----|

Attention Vendors:

Nebraska Department of Labor is a tax-exempt agency (Tax Exempt No. 47730124). The invoice/bill must include participant name, type of service(s) provided, date of service(s) rendered and Federal I.D. Number or Owners name and Social Security Number on the invoice or bill.

Send Invoices or Bills To:

Final Payment: Yes?

No?

De-obligation Amount:

N/A: