VOUCHER FOR ON-THE JOB TRAINING PROGRAM HOURLY REIMBURSEMENT

North Dakota Department of Transportation, Civil Rights Division
SFN 51023 (Rev. 09-2015)

Return to:
CIVIL RIGHTS DIVISION
NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK, ND 58505-0700
TELEPHONE: (701)328-3116
FAX: (701)328-0343

INSTRUCTIONS: Submit one completed voucher form by the **15th day of every month** for each trainee currently enrolled in the OJT Program.

Prime Contractor	Address (to remit payment)	
Name of Trainee	Gender (check one) ☐ MALE ☐ FEMALE	Type of Program (specify group and classification where applicable)

Ethnic Group Designation (check one)

☐ CAUCASIAN ☐ BLACK ☐ HISPANIC ☐ ASIAN OR PACIFIC ISLANDER ☐ AMERICAN INDIAN OR ALASKAN NATIVE ☐ ECONOMICALLY DISADVANTAGED

REPORTING PERIOD AND HOURS OF TRAINING

Payroll Week Ending Date	Project Control Number (PCN)	Total Hours Worked Previous Hours		Cumulative Total Number of Hours In Program	Number of Hours To Be Paid On This Voucher
		By DOT Project	Non- DOT Project		
TOTALS		0	0		0

Approved Classroom Training

Type	Dates	Location	Hours Completed

I certify that the foregoing information is a true, complete, and accurate statement of the total hours worked by the identified trainee for which this company is entitled to reimbursement.

Prime Contractor Representative	Title	Date

Subcontractor Representative (where applicable)	Title	Date

Approved: North Dakota Department of Transportation

OJT Program Administrator _____ Date _____

For NDDOT Office Use Only

Federal-Aid Project Hours		X $4.00	= $
State Aid Project Hours		X $4.00	= $
Total Lump Sum Payment			= $