## **BILLING INVOICE**

## **District Reimbursement for Paid Training**

Employers who provide paid training to new driver trainees, re-certifying "S" holders, or Out-of-State "S" transfers must complete the reimbursement for paid training invoice. Reimbursement is up to 135 hours for a new "S" trainee and 67.5 hours for a re-certifying "S" holder or Out-of-State transfer.

Name of Trainee:						
Trainee's Employer:						
Trainee's Employee ID#						
Trainee's Pension Status (Circle One):		Non-Pension		Pension		
Complete only one table below b	oased on the tra	inee's status of new "S"	trainee or re-certif	ying "S "trainee/Out	t-of-State "S	" transfer.
New "S" Trainee	nt	Re-cer	Re-certifying "S" Trainee or Out-of-State Transfer Reimbursement			
Start Date of Training			Start Date of	Training		
Last Date of Training			Last Date of	Training		
Date Received "S" Endorsement			Date Receive	ed "S" Endorsement		
Number of Hours		135 hours max	Number of H	Iours		67.5 hours ma
Basic Pay Rate	\$15.00		Select Pension	on Status Rate	\$15.00	
<b>Total Reimbursement before</b>			<b>Total Reimb</b>	oursement before		
Pension Status			Pension Star	tus		
(Hours x Basic Pay Rate)				sic Pay Rate)		
*DDOE Transportation will calculated.  My signature below attests that I had a signature below attention below						v
the amount requested to my trained		•		-		
school bus driver employment wit		received. Try trained has	compresed an requi	rod erodomiuming rodd	incinents und	nas accepted
<b>Employer Company Name</b>						
Employer Representative N						
Employer Representative Si					-	
Date of Submission:						
Please return this form upon con				visor, who will sign a	and forward	to DDOE.
DISTRICT TRANSPORTATIO	N SUPERVISO	OR Signature D	DATE			