## Trainee Reimbursement (Office Records)

Line No.:			
Item Code:		Page Total (Hours):	
Description:	Trainee Reimbursement	Category No.:	
Project No.:		Contract ID:	
Name of Trainee:		Hourly Rate:	
Job Classification:		Fringe Rate:	

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Week		To Date	Form	Payroll	at .		*h
Ending	Payroll	Payroll	650190	Checked	1 <sup>st</sup> Half	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.
(Date)	(Hours)	(Hours)	(Hours)	(Y/N)	Wage (\$)	Wage (\$)	Wage (\$)
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