

**CALIFORNIA TRIBAL TANF  
Youth Employment Program Invoice**

Invoice # \_\_\_\_\_

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Employee Name:

Gross Pay for week(s) of:	
FICA Paid by Employer:	
Medicare Paid by Employer:	
FUTA	
SUTA	
Workers Comp. Paid by Employer:	
SUBTOTAL:	\$ -

Employee Name:

Gross Pay for week(s) of:	
FICA Paid by Employer:	
Medicare Paid by Employer:	
FUTA	
SUTA	
Workers Comp. Paid by Employer:	
SUBTOTAL:	\$ -

Employee Name:

Gross Pay for week(s) of:	
FICA Paid by Employer:	
Medicare Paid by Employer:	
FUTA	
SUTA	
Workers Comp. Paid by Employer:	
SUBTOTAL:	\$ -

**GRAND TOTAL:** \$ -

Please send, fax or email completed invoice to:  
CTTP Program Services Department  
991 Parallel Drive; Suite B  
Lakeport Ca 95453

Fax: (707)264-6505  
Email: mbarnes@cttp.net