City and County of San Francisco
Edwin M. Lee, Mayor

Human Services Agency
Department of Human Services
Department of Aging and Adult Services
Trent Rhorer, Executive Director

JOBS NOW! 4

Statement of Service and Invoice
Wage Subsidy

Employer:
Address:
Telephone:
Email:
Contact:

Contractor's Invoice Number:
Invoice Date:
Invoice Period Begin Date:
Invoice Period End Date:

MONTHLY WAGE EXPENDITURES FOR REIMBURSEMENT

Employee Information			**Wages**				
Last Name	First Name	SSN	Hours Worked	Hourly Wage	Total Wages	**TOTAL SUBSIDY**	*FOR INTERNAL USE ONLY PO#*
						0	
					Total Reimbursement:	0$0.00	

CERTIFICATION

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the expenditures, are in accordance with the approved JOBS NOW! Employer Agreement cited for services provided under the provision of that agreement. Full justification and backup records for the expenditures are maintained in our office at the address indicated.

Name & Title: Signature: Date:

v. 6/2012

Send to:
SFHSA
Attn: Jobs Now BAR, 8E10
P.O. Box 7988
San Francisco, CA 94110-7998

Remember to Send:
This Invoice
Payroll Registers

FOR INTERNAL USE ONLY	
BAR:	
Fiscal:	
OCM:	
OCM:	