

## WORK IMMERSION REQUEST FOR REIMBURSEMENT FORM AND INSTRUCTIONS

*Revised February 2022*

### Instructions for Requesting Reimbursement



To obtain reimbursement, please complete the form below and submit it along with evidence of wages paid to the following e-mail address: [DLT.INVOICE@dlt.ri.gov](mailto:DLT.INVOICE@dlt.ri.gov)



**Be sure to attach evidence of wages paid before sending.** The following types of documents will be accepted: a) the employee's paystubs for each week they worked within the contract period; OR b) timecards (accompanied by canceled checks) that verify the employee was paid for the hours worked, OR c) company payroll registers that show the employee's hours worked and rate of pay for each pay period claimed with the contract period.



Incomplete documentation will result in delayed or denied payment. A partial payment may be processed based on documents provided. For more information, please consult the "Reimbursement Process" section of the Work Immersion Program Guide.



**The Work Immersion Request for Reimbursement Form and supporting documents must be received within sixty (60) days of the contract end date.** Late submissions will be rejected.



## WORK IMMERSION REQUEST FOR REIMBURSEMENT FORM

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Contract Number: \_\_\_\_\_

Contract Start Date: \_\_\_\_\_

Contract End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Contact Person: \_\_\_\_\_

Employer Contact Phone: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Last 4 Digits of the Participant's SSN: \_\_\_\_\_

Participant's Hourly Rate of Pay: \_\_\_\_\_

Total Hours Worked by the Participant (during the contract performance period): \_\_\_\_\_

Was the participant retained as an employee beyond the contract end date? Yes / No

Employer Signature: \_\_\_\_\_

### FOR DLT USE ONLY

Invoice Number:	
Hours approved for payment:	
Contracted Hourly Rate:	
Reimbursement %:	
<b>Total Amount Approved:</b>	
<b>Business Affairs Approval:</b>	