



WORK IMMERSION REQUEST FOR REIMBURSEMENT FORM AND INSTRUCTIONS

Revised April 2023

Instructions for Requesting Reimbursement



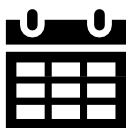
To obtain reimbursement, please complete the form below and submit it along with evidence of wages paid to the following e-mail address: DLT.INVOICE@dlt.ri.gov



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 %:	
Total Amount Approved:	
Business Affairs Approval:	