TEXAS BACK TO WORK (TBTW) REQUEST FOR PAYMENT

BUSINESS NAME {Institution Name}
ADDRESS: {Business Address}
CONTACT NAME: {Person in charge of Payroll/Texas Back To Work Agreement}
Contact Phone Number (915) 000-0000

INVOICE DATE: _____
INVOICE #: _____

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	Job Title	BILLING PERIOD	# Hours Worked	Hourly Rate Earned	Month 1, 2, 3 or 4	Wage Retention Subsidy	TOTAL BILLING
								$ -
								$ -
								$ -
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CERTIFICATION: I certify this request for payment has been made in accordance with the terms and conditions of the Texas Back to Work Agreement, and the data reported above is correct and corroborated in our official records.

Signature of Authorized Official/Title

Date

Mail To: Accounting Department (TBTW)
Workforce Solutions Upper Rio Grande
221 Kansas, Suite 1000
El Paso, TX 79901
(915) 772-2002