Department of Workforce Services

Small Business Bridge Program

Invoice for Reimbursement

FEIN #: _____ Grant Number: BH1301 Invoice Number: _____

Name of Employer: _____ Phone Number: _____

Employer Address: _____

_____

Remit Payment To: _____

_____

Grant Amount: _____ Request Amount: _____

How many new jobs has the employer created that qualify for reimbursement (listed below)? _____

Newly Created Jobs

Name of Employee	Date of Birth	Annual Salary

I certify that the information on this Invoice for Reimbursement is true and accurate.

_____
Printed Name and Position of Business Approver

_____ _____
Business Approver Signature Date

_____ _____
DWS Approval Date

Email Invoices to dws_bridgeprogram@utah.gov