|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unemployment Insurance Navigator Grant  REQUEST FOR PAYMENT INVOICE | | | | |
| Department of Workforce Development | | | State of Wisconsin | |
| Supplier Name and Remittance Address\* | Supplier Contact Name\* | | Supplier Contact  Phone Number\* |
| Supplier Remittance Email \* | Supplier ID\* | | Reporting Month/Year\* |

|  |  |
| --- | --- |
| Invoice Date\*: | 02/02/2024 |
| Invoice Number or Description\*: |  |
| Total Invoice Amount: | $ 0.00 |
| PO Number\*: |  |

|  |  |
| --- | --- |
| **Item/Description\*** | **Amount\*** |
| Personnel-Salary | $ |
| Personnel-Fringe | $ |
| Travel | $ |
| Supplies | $ |
| Other | $ |
| Indirect Costs | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

**All fields in with a " \* " are required to process an invoice.**

The submission of this report certifies that the expenditures identified here, claiming federal and state reimbursement, are true and correct in the amounts stated, have not been reimbursed previously, and represent actual and necessary costs of administering provisions of the contract.

Payment will be made 2-3 days after receipt of invoice. Receipt after 10 am will be considered as next day receipt. There are no deadlines for submitting invoices.

Go to homepage for other reports, updates, and other information: <https://dwd.wisconsin.gov/comet/>

**Instructions for Use of FIS-19534-E:**

1. The items that have asterisks MUST be filled in:
   1. Supplier Name and Address (info is on Purchase Order)
   2. Supplier Contact Name
   3. Supplier Contact Phone Number
   4. Supplier Remittance Email
   5. Supplier ID (info is on Purchase Order)
   6. Reporting Month/Year
   7. Invoice Date (Default is NOW)
   8. Invoice Number or Description (Use your own references for tracking)
   9. PO Number (info is on Purchase Order)
   10. Amount (negative amounts are allowed for lines, but not for total invoice amount)
2. When completed, you can send the request in one of two ways:
   1. Print out the request form and fax to the following number: (608) 327-6012
   2. Print a PDF file and send to the following email address: [EInvoice@dwd.wisconsin.gov](mailto:EInvoice@dwd.wisconsin.gov)

This invoice can be found at <https://dwd.wisconsin.gov/comet/>