City and County of San Francisco

Edwin M. Lee, Mayor



Human Services Agency Department of Human Services Department of Aging and Adult Services

Trent Rhorer, Executive Director

JOBS NOW! 4

Statement of Service and Invoice **Wage Subsidy**

Employer:			1			_		
Address:				Co	ntractor's Invo			
Telephone:					· ·	nvoice Date:		
Email:					nvoice Period	l Regin Date:		
Contact:				'		od End Date:		
			J					
MONTHLY WA		JRES FOR REI						
Employee Info	rmation	T	Wages Hours	Hourly	Total	TOTAL	FOR INTERNAL USE ONLY	
Last Name	First Name	SSN	Worked	Wage	Wages	SUBSIDY	PO#	
	information pro- re in accordance sion of that agre	e with the appro ement. Full jus	oved JOBS N	of my knov IOW! Emp	oloyer Agreem	ent cited for	rate; the services provided s are maintained in	

Name & Title:

Signature:

v. 6/2012

Send to:
SFHSA
Attn: Jobs Now BAR, 8E10
P.O. Box 7988
San Francisco, CA 94110-7998

Remember to Send: This Invoice Payroll Registers

FOR INTERNAL USE ONLY					
BAR:					
Fiscal:					
OCM:					
OCM:					

Date: