WIOA
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 *	
Invoice Number or Description*	
Total Invoice Amount	$ 0.00
PO Number*	

Item/Description*	Amount*
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$

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

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Payment will be made 2-3 days after approval of the invoice by DET.
For other reports, updates, and other information visit https://dwd.wisconsin.gov/comet/

Instructions for Use:

1. The items that have asterisks MUST be filled in:
   a. Supplier Name and Address (info is on Purchase Order)
   b. Supplier Contact Name
   c. Supplier Contact Phone Number
   d. Supplier Remittance Email
   e. Supplier ID (info is on Purchase Order)
   f. Reporting Month/Year
   g. Invoice Date (Default is NOW)
   h. Invoice Number or Description (Use your own references for tracking)
   i. PO Number (info is on Purchase Order)
   j. Item/Description (info is on Purchase Order, titles must match exactly. DON'T use line numbers.)
   k. Amount (negative amounts are allowed for lines, but not for total invoice amount)

2. If there are more than 13 lines to request submit an addition form.

3. When completed, you can send the request to the following email address:
   DWDDETInvoicing@dwd.wisconsin.gov