



WIOA
WIOA Adult
WIOA IS Youth

WIOA DW
Jobs League
QUEST

Customer Name: _____

State ID#: _____

Period: _____

School/Activity: _____

Forms submitted to South Central Workforce Investment Board **30 days** or more after the end date of the period above will not be paid. Complete in pen (not in pencil). Do not use white out. To make changes: Strike through with a single line, correct, all parties must initial the change. The entire form must be completed correctly, including signatures and submitted to the Employment Specialist before payment is issued.

Customer Completes This Section:			Staff Use Only:	
Date	Destination	Miles Driven	Testing /Certification Fees:	
Monday			\$ _____	
Tuesday			Special Requirements:	
Wednesday			\$ _____	
Thursday			Receipt Attached (Purpose & \$)	
Friday			_____	
Saturday			_____	
Sunday			\$ _____	
Monday			Fuel Reimbursement:	
Tuesday			# Miles:	
Wednesday			x	
Thursday			Authorization of Reimbursement:	
Friday			Upon review of this participant's attendance and progress, I authorize the above reimbursement to this customer. I have attached all necessary documentation for payment. No other resources are available.	
Saturday			_____	
Sunday			_____	
Total			Signature	
			Date	

Supervisor/Instructor Completes this Section: I certify that the person name above was in attendance on the days indicated above and is making satisfactory progress.

Signature: _____

Date: _____

Customer Certification

I certify that all information provided on this invoice is a true and accurate record of my participation in Workforce Development Activities. All miles shown were incurred while participating in a required activity. I understand that knowingly providing false information, including the falsification of signatures, may result in prosecution for fraud.

Signature: _____

Date: _____

Revised: 1/24/24