**Workforce Innovation and Opportunity Act (WIOA)**

**Support Services Reimbursement Invoice**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant Name |  |  | ASSET PIN |  |
| Month and Year |  |

1. All support services must be approved by your WIOA Career Planner prior to reporting expenses.
2. Mileage and/or childcare hours may be reported only for days actually in attendance at classroom training or during approved career services.
3. **Completed invoice must be submitted to your WIOA Career Planner within 14 days after the end of the reported month or this obligation may be null and void.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Days of the month** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** |
| Classroom Training Hours Attended |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Transportation Mileage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Child Care Hours |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Days of the month** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** | **TOTALS** |
| Classroom Training Hours Attended |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Transportation Mileage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Child Care Hours |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

I certify, under penalty of perjury, that I attended classroom training and/or was in job search for all days for which mileage and/or child care hours are reported on this log. The above reported information is accurate and has been preapproved by my WIOA Career Planner. For job search, a Job Search Log has been completed and attached.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant Signature |  |  | Date |  |

**FOR STAFF USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Voucher/Purchase Order Number |  |  |  |  |
| Rate of reimbursement |  | Per |       |
| Amount to be reimbursed |  |  |  |
| Career Planner Signature |  |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **WIOA Job Search and Mileage Log** |  | Month and Year |  |





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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Employer** | **Method (online, in person, phone)** | **From****(City, State)** | **To****(City, State)** | **Round Trip Miles** | **Childcare Hours** | **Outcome****(interview, email correspondence, etc.)** |
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**Transfer job search transportation mileage amounts and/or child care hours to the appropriate date(s) on the reverse side of this form for reimbursement.**

**Babel Notice**

In accordance with 29 CFR 38.9 (g)(3), Limited English Proficient (LEP) individuals seeking access to information about WIOA programs offered through the Western Wisconsin WDB and its American Job Center partners, will receive language assistance in all communications of vital information. Vital information is defined as information, whether written, oral or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service and/or training; necessary for an individual to obtain any aid, benefit, service and/or training; or required by law. An interpreter, as well as the availability of free language assistance such as rulebooks; written tests that do not access English language competency, but rather assess competency for a particular license, job or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant or employee will be provided to all LEP individuals at no cost to the individual.

**English** IMPORTANT! There are documents that contain important information about WIOA training services; how to apply for training services; and your rights, responsibilities and/or benefits. It is critical that you understand the information in these documents. You can receive telephone translation assistance of all documents by calling (608) 789-5499 at no cost to you.
**Español** ¡IMPORTANTE! Hay documentos que contienen información importante acerca de los servicios de capacitación de WIOA, cómo solicitar servicios de capacitación, sus derechos, responsabilidades y / o beneficios. Es fundamental que entienda la información de estos documentos. Usted puede recibir asistencia de traducción telefónica de todos los documentos por calling (608) 789-5499 sin costo alguno para usted.
**Hmong** TSEEM CEEB! Muaj cov ntaub ntawv uas muaj cov ntaub ntawv tseem ceeb txog WIOA cov kev pabcuam kev cob qhia; yuav ua li cas thov rau kev pabcuam kev cob qhia; thiab koj cov cai, lub luag haujlwm thiab / lossis cov txiaj ntsig. Nws yog ib qho tseem ceeb uas koj nkag siab cov ntaub ntawv hauv cov ntaub ntawv no. Koj tuaj yeem tau txais kev pab txhais lus hauv xov tooj ntawm txhua cov ntaub ntawv los ntawm kev hu rau (608) 789-5499 yam tsis tau them nqi rau koj.

**Accommodation Requests**

Auxiliary aids and services are available upon request to individuals with disabilities. Please contact your WIOA Title I Career Planner or the WWWDB office for such requests.

**Wisconsin Relay (7-1-1)**

Wisconsin Relay is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind and speech-disabled. The service is available by dialing 7-1-1 or by calling TTY 1-800-947-3529. For more information, visit [www.wisconsinrelay.com](http://www.wisconsinrelay.com/).
 **EO Tagline**
Western Wisconsin Workforce Development Board is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Melisa Myers, Equal Opportunity Officer, at 608-789-5499 or myersm@westernwdb.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

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