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Rivers East
WORKFORCE DEVELOPMENT BOARD



Passenger and/or Provider of Transportation Reimbursement Form

To be used in conjunction with the Classroom Training Attendance/Travel Voucher

Participant Name: _____ State ID: _____

Participants may be paid for extra miles traveled to provide transportation for other WIOA participants. Similarly, WIOA participants may arrange transportation with non-WIOA students and/or other persons who may be paid accordingly. This form makes provisions for reimbursing the transportation provider for the mileage associated with transporting participants to and from school.

- I provided transportation for the WIOA passenger(s) listed below. *Record the passenger's name and address below.*
- I was provided transportation by the person(s) listed below. *Record the provider's name and address below.*

Name & Address	# of Trips	Miles/Trip	Total Miles for Week 1	Total Miles for Week 2

I certify that the above attendance and travel record is correct, and I understand that if I knowingly falsify information or withhold information to qualify for travel reimbursement for which I am not entitled, I will be subject to penalties for fraud.

Non-participant's Signature: _____ Date: _____

Participant Signature: _____ Date: _____

This document serves as authorization to make transportation payments. I have made the computations based on the information provided by the participant and training institution and it appears to be an accurate representation of the trainee's participation during the period indicated.

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Career Advisor: Upload to NCWorks.gov with Classroom Training Attendance/Travel Voucher