



A proud partner of the
AmericanJobCenter®
network



Rivers East
WORKFORCE DEVELOPMENT BOARD



Classroom Training Attendance/Travel Voucher

Participant Name: _____ State ID: _____

Travel Period: _____ to _____

Participant Address: _____

Training Facility: _____

Participant: Fill in the Date and Course Title blocks. Please note that this form MUST be completed and turned in within two weeks after the last day traveled. Any forms received late may not be reimbursed.

School Official: This student is enrolled in a WIOA Title I Program and is receiving financial assistance. WIOA Policy mandates that classroom attendance is verified. Please complete the attendance record below accordingly. Place a ✓ for each day the student attended your class. If the student is absent, place “A” in the block. Your signature and date in the far-right column indicates that the attendance information is correct to the best of your knowledge and serves as verification for payment purposes.

Date → Course Title ↓																		School Official
Total Miles Per Day																		
	Total Miles Week 1								Total Miles 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.

Participant Signature: _____ Date: _____

<i>*Career Advisor Only*</i>	Week 1	Week 2
Total Miles Traveled (same as above)		
Total Reimbursement by Week (multiply Total Miles Traveled for the week by \$0.56)	\$	\$
Total Reimbursement for Period (add Total Reimbursement for Weeks 1 & 2 together)	\$	
Fund Code		

Total Reimbursement should not exceed \$336 (\$168/week or 300 miles/week @ \$0.56/mile)

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: _____