



Date Submitted:

**REQUEST FOR SUPPORT SERVICES for SPECIAL CIRCUMSTANCES REIMBURSEMENT/PAYMENT FORM**  
**Please Print and Use (Black or Blue) Ink**

Last Name, First Name:	Job Seeker ID #: (required)
Mailing Address:	Phone Number: (    )    - <hr/> Title: (office use only)

Item / Service (Specific Detail Required)	Amount
<b>Grand Total</b>	

Attach Applicable Confirmed Class Registration; Amount Due for Tuition; Original Receipts and Other Documentation.

ALL REIMBURSEMENTS WILL BE MAILED. **REQUESTS TURNED IN TWO (2) MONTHS AFTER RECEIPTS ARE DATED WILL NOT BE ACCEPTED.**

I HEREBY CERTIFY BY MY SIGNATURE BELOW THAT THE ABOVE INFORMATION IS TRUE AND IN ACCORDANCE WITH MY TRAINING PLAN. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION MAY BE SUFFICIENT GROUNDS FOR IMMEDIATE TERMINATION FROM THIS PROGRAM AND MAY REQUIRE REPAYMENT OF FUNDS.

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b><u>Office Use Only</u></b> Reviewed & Authorized By:	Date:
--	-------

<b><u>FOR WSL STAFF USE ONLY</u></b>	
TOTAL AWARD: _____	<b>AMOUNT DUE:</b> <input type="text"/>
AMOUNT USED TO DATE: _____	
AVAILABLE BALANCE: _____	