



Date Submitted: _____

**REQUEST FOR TRAINING AND OTHER
TRAINING-RELATED ITEMS REIMBURSEMENT/PAYMENT**
Please Print and Use (Black or Blue) Ink

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

Item / Service (Specific Detail Required)	Amount
Grand Total	

Attach 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:** _____

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

<u>FOR WSL STAFF USE ONLY</u>	
TOTAL AWARD: _____	AMOUNT DUE: <input style="width: 100px; height: 20px;" type="text"/>
AMOUNT USED TO DATE: _____	
AVAILABLE BALANCE: _____	