

ALAMEDA COUNTY WORKFORCE INVESTMENT BOARD

WIA PARTICIPANT REIMBURSEMENT CLAIM

PARTICIPANT NAME _____ APPLICATION # _____

PARTICIPANT ADDRESS _____

PHONE: _____

TRAINING PROVIDER _____

GRANT/PROJECT: _____ ENROLLING COMPONENT ID _____

CDS / CASE MANAGER: _____ PHONE: _____

(Print Name)

ITEM DESCRIPTION	TUITION	TOOLS & EQUIPMENT	BOOKS & SUPPLIES	MISC. ITEMS / OTHER	TOTAL
				TOTAL	

RECEIPT(s) ATTACHED (Check): CHECK CASH CHARGE (WIB-7/06)

PARTICIPANT SIGNATURE _____ DATE _____

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ATTACH: MIS-JTA enrollment roster listing participant name; or, MIS date-stamped enrollment form.

WIB DEPT / ONE-STOP REVIEW AND CERTIFICATION

I certify that the amounts claimed above constitute authorized payments in accordance with WIA Title I; that the charges are accurate; and, that there is a sufficient unencumbered balance in the appropriate account to pay this claim.

ONE-STOP SUPERVISOR _____ DATE _____

WIB FISCAL: _____ MIS DOCUMENT: _____ DATE: _____

AUTHORIZED DEPT SIGNATURE _____ DATE _____

ACCOUNTING INFORMATION

Bus Unit	Acct.	Fund	Dept	Prog	Sub	BY	Project / Grant	Amount
SOCSA	610461	22404	320400	32000			SSGP	
							Total	

Pay Comments: _____

WIA PARTICIPANT REIMBURSEMENT CLAIM – INSTRUCTIONS for COMPLETION

PARTICIPANT NAME: **PRINT** participant’s full name: First name, M.I., Last name

APPLICATION #: Enter the participant’s WIA-JTA System Application Number

PARTICIPANT ADDRESS: **PRINT** the participant’s complete street address, with apartment number
Print: City, State and Zip

PHONE: Enter participant’s telephone contact number as: (Area Code) xxx-xxxx

TRAINING PROVIDER: **PRINT** name of Training Provider / Vendor (if applicable)

GRANT/PROJECT: Indicate Grant Code &/or Project Title

Adults/201 - Dislocated Workers/501 - Public Sector/543 - NEG-Tech/744

Veterans Reemployment/518 - Biotech/901

ENROLLING COMPONENT ID: Enter the MIS/JTA Enrolling Component ID number

CDS / CASE MANAGER: **PRINT** Name & Work Phone of CDS I/Case Manager (Counselor) for this participant

RECEIPT(s) ATTACHED: check all that apply – as-to the type(s) of receipt / proof-of-payment
attached to the claim form. Each expense claimed **MUST** be supported by an
ORIGINAL Receipt or Proof-of-purchase document (credit-card bill, cancelled check, etc.)

PARTICIPANT SIGNATURE: Participant must sign with ink pen – preferably in blue ink

DATE: Enter date when participant signs – as: mo/day/yr

ONE-STOP SUPERVISOR: Original signature of the One-Stop Supervisor – preferably in blue ink
Supervisor of the CDS / Case Manager (Counselor) for this participant.

DATE: Enter date when Supervisor signs – as: mo/day/yr

ATTACHMENTS REQUIRED:

- 1) **Originals of all receipts** covering each item claimed; and/or, proof-of-payment documents for each item for-which an original receipt cannot be provided (i.e. credit-card bill, cancelled check, etc.)
- 2) MIS-JTA enrollment roster listing participant name; or, copy of date-stamped participant enrollment form provided to Case Manager by WIB MIS Unit. This is verification of participant enrollment in the applicable WIA Grant / Project.

DO NOT MAKE ENTRIES BELOW THIS LINE ON THE CLAIM FORM....

WIB FISCAL: Signature of WIB Dept Fiscal staff – for review and approval of claim

MIS DOCUMENT: Verification, by WIB Fiscal staff, that MIS documentation of participant enrollment into applicable WIA Grant / Project has been provided as an attachment to the claim.

DATE: Enter date that WIB Fiscal staff has completed review and approval of the claim.

AUTHORIZED DEPT SIGNATURE: / DATE: Authorized Dept signatures for the Participant Reimbursement claim are the WIB Director and/or the Assistant WIB Director. Date is of signature by WIB Director and/or the Assistant WIB Director stating approval of claim.