

ATTACHMENT B



City of Long Beach
Working Together to Serve



Date: Check Request Date
To: Operations Division, Financial Services Unit
From: Employment Specialist
Subject: CHECK REQUEST NUMBER: ###

Please issue a check for the following. The support documentation is attached.

Customer Name: _____ **Activity Code:** _____
Social Security Number: _____ **Grant Name:** _____
Enrollment Date: _____
Case Number: _____

*Customers must be enrolled in appropriate activity code(s) based upon services provided/planned.

Payee Name: _____
Federal Tax ID or Social Security Number: _____
Telephone Number (include area code): _____
Address: _____
Attention: _____

Description of service needed:

- Supportive Services = \$ _____
() Impress Cash () Purchase Order
- Training = \$ _____
() Impress Cash () Purchase Order
- Incentives = \$ _____
(May not exceed \$600 per calendar year per customer)
- Travel Reimbursement = \$ _____
() Flat Rate () Mileage Printout x CLB rate x Duration = Total
_____ x _____ x _____ = _____

Please charge to the following:

Grant Code: _____ **Grant Detail:** _____
Index Code: _____ **Total Requested Amount:** _____

- Mail to Payee
- Hand Deliver to Employment Specialist

APPROVAL:

PGWIN Program Supervisor

Cherie Gomez, Development Officer