

VOUCHER / REIMBURSEMENT REQUEST FORM

EXPENSE TYPE:

Supportive Services Incentives Training
 Other: _____

Date of Request: _____

* Customer Name: _____

* Social Security # _____

Grant Code: _____

Grant Title: _____

Customer Case # _____

Enrollment Date: _____

Activity Code: _____

Exit Date: _____

STAFF RECOMMENDATIONS

Service(s) recommended: ___ Yes ___ No

Post-Employment: ___ Yes ___ No

Post-Exit ___ Yes ___ No

WAIVER

A waiver is required when the item is not listed on the Supportive Service Matrix, when the total goes beyond the maximum amount indicated on the Matrix, or when the supportive service is requested for WIA Customers after Exit. **An original of this form must be provided to the Network's Financial Services Unit.**

Waiver: ___ Approved ___ Not Approved

Please reference recommended services below:

<u>Item Description</u>	<u>Total Quantity / Value(\$)</u>	<u>Duration (From/To or One Time Only)</u>
_____	_____/_____	_____
_____	_____/_____	_____
_____	_____/_____	_____

Justification:

I understand that this request does not guarantee receipt of the items listed above and that I may be referred to other agencies for assistance. In addition, I understand that the approval of my request does not hold the Pacific Gateway Workforce Investment Network (Network) accountable for the performance of the items provider.

Customer Signature: _____ Date: _____

This customer has been referred to other programs in the area, providing the above-mentioned supportive services, and has been unable to obtain such services.

Staff Requesting: _____ Date: _____

Program Supervisor Signature: _____ Date: _____

Comments: _____