

# Participant Reimbursement Voucher

Participant \_\_\_\_\_ APPID#: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Training Site \_\_\_\_\_ Daycare Provider \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Period/Dates of Reimbursement \_\_\_\_\_

Date	Date	Date	Date	Date	Date	Date	Total Hours or Days

Participant Signature / \_\_\_\_\_ Date \_\_\_\_\_  
 My signature indicates that the days reported above are true and correct. I have received the service agreed upon as outlined in my Employment Plan. The Missouri Job Center system reserves the right to require documentation to support the above dates of attendance, if it is proven that the dates were knowingly incorrect, we will terminate our agreement to provide supportive service payments.

### FOR OFFICE USE ONLY

COMPONENT	RATE	NUMBER of: Hrs./Days	=	AMOUNT DUE Part.	COST CATEGORY	FUNDING SOURCE
<u>Incentives (youth)</u>	\$ _____	x _____	=	\$ _____	Part. Support	_____
<u>Child Care Contracted days</u>	\$ _____	x _____	=	\$ _____	Part. Support	_____
<u>Transportation # _____ miles x .32 = _____ Contracted days</u>		x _____	=	\$ _____	Part. Support	_____
<u>Transportation over 50 miles # _____ miles, _____ days Contracted days</u>		x 16.00	=	\$ _____	Part. Support	_____
<u>Other:</u> _____	\$ _____		=	\$ _____		_____

Justification for Other Supportive Services must address the necessity for the participant to continue their educational goals and/or obtain or retain employment. *Copies of support documentation are attached.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have verified the information above is accurate and appropriate to support program participation. Documentation of class schedule and/or daycare contract is maintained in the participant's file and attached to the initial voucher per semester for training attendance.

Payment submitted by staff \_\_\_\_\_  
*Signature/Date*

Payment approved by Supervisor \_\_\_\_\_  
*Signature/Date*

Amount Paid

Check #