

Participant Timesheet

Participant Name: _____ APPID: _____

Address _____

Training Site _____ Daycare Provider _____

Address _____ Address _____

Period/Dates of Reimbursement _____

Date		Date		Date		Date		Date		Date		Date	
Time In		Time In		Time In		Time In		Time In		Time In		Time In	
Time Out		Time Out		Time Out		Time Out		Time Out		Time Out		Time Out	
Time In		Time In		Time In		Time In		Time In		Time In		Time In	
Time Out		Time Out		Time Out		Time Out		Time Out		Time Out		Time Out	
Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours	
Date		Date		Date		Date		Date		Date		Date	
Time In		Time In		Time In		Time In		Time In		Time In		Time In	
Time Out		Time Out		Time Out		Time Out		Time Out		Time Out		Time Out	
Time In		Time In		Time In		Time In		Time In		Time In		Time In	
Time Out		Time Out		Time Out		Time Out		Time Out		Time Out		Time Out	
Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours	

Participant Signature/Date

Training Site Representative/Date

My signature indicated that the hours/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:	=	AMOUNT DUE	COST CATEGORY	FUNDING SOURCE
		Hrs./Days		Participant		
Work Experience	\$ /	x	=	\$	Training	
Internship	\$ /	x	=	\$	Training	
Incentive	\$ /	x	=	\$	Training	
Child Care Contracted days	\$ /	x	=	\$	Part. Support	
Transportation Contracted days	# miles x .32 =	x	=	\$	Part. Support	
Transportation	# miles /\$16.00					
Other:						

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

I certify that the rate of pay and number of hours trained have been reviewed. Documentation of class schedule and day care contract must be maintained in the participant's file and attached to the initial voucher per semester for training attendance.

Payment submitted by Team Member Signature/Date _____

Amount to be Paid _____

Payment approved by Team Leader/Signature/Date _____