

Participant 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 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 Career 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 Per Hr./Day/Wk.	Number of: x Hrs./Days/Wks.	=	Amount Due Part.	Cost Category	Funding Source
<u>Work Experience</u>	\$ _____ / _____	x _____	=	\$ _____	Training	_____
<u>Internship</u>	\$ _____ / _____	x _____	=	\$ _____	Training	_____
<u>Entry Employment</u>	\$ _____ / _____	x _____	=	\$ _____	Training	_____
<u>Needs Related Payments</u>	\$ _____ / _____	x _____	=	\$ _____	Part. Support	_____
<u>Child Care Contracted days</u>	\$ _____ / _____	x _____	=	\$ _____	Part. Support	_____
<u>Transportation Contracted days</u>	\$ _____ / _____	x _____	=	\$ _____	Part. Support	_____
<u>Other:</u> _____	\$ _____ / _____	x _____	=	\$ _____	_____	_____
<u>Other:</u> _____	\$ _____ / _____	x _____	=	\$ _____	_____	_____

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

The rate of pay and number of hours trained have been reviewed. Payment is approved subject to verification. Documentation of class schedule must be maintained in the participants file and attached to the initial voucher per semester for training attendance. Documentation of daycare attendance log must be attached to each voucher during the effective period of this payment.

Payment submitted by Team Member *Signature/Date*

Amount to be Paid

Payment approved by Team Leader *Signature/Date*

Participant Voucher Due Date and Check Issue Date

Voucher Due Date	Check Issue Date
<u>July 13, 2011</u>	<u>July 22, 2011</u>
<u>July 27, 2011</u>	<u>August 5, 2011</u>
<u>August, 12, 2011</u>	<u>August 19, 2011</u>
<u>August 26, 2011</u>	<u>September 2, 2011</u>
<u>September 13, 2011</u>	<u>September 23, 2011</u>
<u>September 28, 2011</u>	<u>October 7, 2011</u>
<u>October 12, 2011</u>	<u>October 21, 2011</u>
<u>October 28, 2011</u>	<u>November 4, 2011</u>
<u>November 11, 2011</u>	<u>November 25, 2011</u>
<u>November 28, 2011</u>	<u>December 9, 2011</u>
<u>December 13, 2011</u>	<u>December 23, 2011</u>
<u>December 28, 2011</u>	<u>January 6, 2012</u>
<u>January 11, 2012</u>	<u>January 20, 2012</u>
<u>January 27, 2012</u>	<u>February 3, 2012</u>
<u>February 13, 2012</u>	<u>February 24, 2012</u>
<u>February 27, 2012</u>	<u>March 9, 2012</u>
<u>March 13, 2012</u>	<u>March 23, 2012</u>
<u>March 28, 2012</u>	<u>April 6, 2012</u>
<u>April 11, 2012</u>	<u>April 20, 2012</u>
<u>April 27, 2012</u>	<u>May 4, 2012</u>
<u>May 11, 2012</u>	<u>May 25, 2012</u>
<u>May 28, 2012</u>	<u>June 8, 2012</u>
<u>June 13, 2012</u>	<u>June 22, 2012</u>
<u>June 27, 2012</u>	<u>July 6, 2012</u>