

Participant Voucher

Participant _____ APPID#: _____

Address _____

Training Site _____ Daycare Provider _____

Address _____ Address _____

Period/Dates of Reimbursement _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours or Days
Date: Hours: <small>(i.e. 8-11, 1-5)</small>	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	
Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	

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*