



GREEN COUNTRY WORKFORCE DEVELOPMENT BOARD

TRAVEL REIMBURSEMENT AGREEMENT

Between WIOA Service Provider

And

Participant

_____	Name	_____
_____	Address	_____
_____	City, State, Zip	_____

The Green Country Workforce Development Boards Service Provider, _____, agrees to reimburse the above-named Participant for **Previously Approved Activities** associated with attending: occupational skills training, job readiness training employment activities, approved events or activities, WIOA support groups and post-employment training.

Participants Home/Starting Address:	_____
Ending Address:	_____
Round Trip miles:	_____ State Mileage Rate: _____
Source Document for Miles:	_____ 50% of State Mileage Rate: _____
Number of Days to be reimbursed:	_____ Max Amount of Reimbursement: _____

Round Trip Miles x # Training Days x Reimbursement Rate

The Participant agrees to submit an itemized receipt or attendance record for the above listed items/services to:

This agreement is subject to funds availability and budget limitations.

Agreement Date

Participant Signature

Date

Service Provider Staff Signature

Date

Service Provider Approver's Signature

Date



Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request for individuals with disabilities.

