

**North Country Workforce Investment Board**  
**Customer Expense Form for Transportation Assistance**

Name of Customer: \_\_\_\_\_

Month/Day	Workshop Title/ Activity	From	To	Miles

*I provide this information in support of my request for Gas Cards.  
The information I have provided on this form is correct and I understand obtaining reimbursement by a false statement is a crime.*

TOTAL MILES \_\_\_\_\_  
TOTAL DUE \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of WIA Customer

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of OWS Case Manager/Counselor

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

# North Country Workforce Investment Board

## Customer Bi-Weekly Attendance Form

Customer's Name \_\_\_\_\_

Customer's Address \_\_\_\_\_

Training Agency Name and Location \_\_\_\_\_

Course Title \_\_\_\_\_ Agency Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Month & Date	Day	Class Hours
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
<b>Week 1 Total</b>		
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
<b>Week 2 Total</b>		
<b>Grand Total Weeks 1 and 2</b>		

1. All information must be completed in black or blue ink before payment will be made.
2. Both Supervisor's/Instructor's and Customer's signatures must be completed before payment will be made.
3. When filling in the hours, put only the actual hours class is attended.
4. It may also be used as an attendance sheet to reimburse for transportation and childcare, if applicable.

***I give this information to support my request for training-related expenses.  
The information in this request is correct and I understand obtaining reimbursement by a false statement is a crime.***

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Date

**TO BE COMPLETED BY INSTRUCTOR**

Student's participation for this two-week marking period is: **(Please check one)**      \_\_\_\_\_ Satisfactory      \_\_\_\_\_ Unsatisfactory

I hereby certify that the aforementioned person has actually participated in classroom training and is to be reimbursed in the amounts stated.

\_\_\_\_\_  
Supervisor/Course Instructor Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Date

**FOR OFFICE USE ONLY - DO NOT WRITE IN THE SPACE BELOW**

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Total Hours \_\_\_\_\_      Date Paid \_\_\_\_/\_\_\_\_/20\_\_\_\_      Initial \_\_\_\_\_