FRESNO REGIONAL WORKFORCE DEVELOPMENT BOARD WORK EXPERIENCE REIMBURSEMENT DETAIL

Date of Re	Provider Name:						Request #:			
Funding Source:		Adult		Dis	located W	Vorker 🗌	Oth	er:		
		In-Scho	ol Y	outh	Out	t of School Yo	outh 🗌			
					T		1			
WIOA State	Р	articipant l	Nam	е	Pa	ay Period	, /	Amount		
ID No.		•			(xx/xx/xx thru xx/xx/xx)			(Total of wages, FICA, and Workers' Comp)		
Totals										
Wages										
Workers' C	omp &	Taxes								
Total Reiml	bursem	ent Requ	uest	•					\$	
		•								
I CERTIFY	that the	e expend	litur	es list	ed above	e are for the	actual	hours	s worked for the specified time	
period.										
Authorized	d Signa	ture						Date	9	
						T =				
Contact Person:					Tel #:			Ema	ail:	