



# 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

