

**Workforce Innovation and Opportunity Act (WIOA)
BUS PASS RECEIPT FORM**

WIOA Participant Name: _____
Purpose: Bus Pass Receipt _____
Invoice Period: _____

My signature below verifies that my income status and economic situation has not changed from the original Supportive Service Documentation that was provided to my Case Manager. I understand that I am to report any change in my status immediately. My signature also verifies that I will be participating in training activities as identified by Virginia Workforce Letter #14-17 during the month that this Bus Pass has been provided.

BUS PASS RECEIPT

Bus Pass Amount: \$ _____ **Month/Year:** _____

WIOA Participant *Date*

WIOA Case Manager *Date*