

**Workforce Innovation and Opportunity Act (WIOA)
GRADE INCENTIVE RECEIPT FORM**

WIOA Participant Name: _____
Purpose: _____ Grade Incentive _____
Invoice Period: _____

I certify that I have received the following items:

GRADE INCENTIVE

Check
Check Number: _____
Amount: _____

Wal-Mart Gift Card
Amount: _____

WIOA Participant Signature *Date*

WIOA Case Manager Signature *Date*