

WIOA Participant Name: _____
Purpose: High School Diploma Incentive
Invoice Period: _____

I certify that I have received the following items:

HIGH SCHOOL DIPLOMA INCENTIVE

- Check**
Check Number: _____
Amount: _____
- Wal-Mart Gift Card**
Amount: _____

WIOA Participant Signature *Date*

WIOA Case Manager Signature *Date*