



Workforce Innovation and Opportunity Act (WIOA)

RECEIPT FORM



WIOA Participant Name: _____

Purpose: Mileage Reimbursement

Invoice Period: _____

I certify that I have received the following items:

Mileage Reimbursement

Check

Check Number: _____

Amount: _____

WIOA Participant Signature

Date

WIOA Case Manager Signature

Date