

**Workforce Innovation and Opportunity Act (WIOA)
SUPPORT SERVICE TRAINING ACTIVITIES
PAYMENT ATTENDANCE SHEET**

Participant Name: _____ **Period Start Date:** _____

Period End Date: _____

Training Provider: _____

Starting Address: _____

Ending Address: _____

MapQuest Previous Sent: Yes No

The following signature(s) verifies my participation in training on the date(s) specified.

Date of Training Attended	Participant Signature	Instructor/Supervisor Signature	Total Round Trip Miles
Total:			

Total Round Trip Miles: _____ X \$0.40 = \$ _____

Notes: All changes must be explained, dated, and initialed by the person making the change.
NO WHITE OUT, NO SCRATCH OUTS, AND NO BLACKED OUT AREAS ALLOWED.

Signatures must be in ink (full name of both the participant and the instructor/supervisor). **Initials will not be accepted.**