

**WIOA Participant Name:** \_\_\_\_\_

**Purpose:** Work Experience/Internship Participation

**Invoice Period:** \_\_\_\_\_

I certify that I have received the following items:

**WORK EXPERIENCE/INTERNSHIP INCENTIVE**

**Check**

**Check Number:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

\_\_\_\_\_  
*WIOA Participant Signature* *Date*

\_\_\_\_\_  
*WIOA Case Manager Signature* *Date*