

**WIOA Participant Name:** \_\_\_\_\_  
**Purpose:** Work Readiness Participation  
**Invoice Period:** \_\_\_\_\_

I certify that I have received the following items:

**WORK READINESS INCENTIVE**

- Check**  
**Check Number:** \_\_\_\_\_  
**Amount:** \_\_\_\_\_
  
- Wal-Mart Gift Card**  
**Amount:** \_\_\_\_\_

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

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