

WIOA Incumbent Worker Training Program
Report Coversheet

LWDA:

Business Name:

IWT Grant Number:

LWDA Agreement Number:

Report Period:

The following IWT documents/forms are attached:

New Employer Agreement Packages

Agreement Modifications

Cumulative Expenditure Forms

Trainee Information Forms

Final Program Reports

Other (please specify):

Signature

Date

CUMULATIVE EXPENDITURE FORM
FOR THE PRECEDING REPORTING PERIOD

Business Name:	Agreement Number:	No. of Employees Trained This Period:
Prepared By:	Phone Number:	No. of Employees Trained to Date:
Training Provider:	Period Covered By This Report:	Today's Date:
Authorized Business Representative Signature:		<input type="checkbox"/> Partial Invoice <input type="checkbox"/> Single/Final Invoice
Title of Authorized Business Representative:		

EXPENDITURES	IWT EXPENDITURES CURRENT REPORT PERIOD	CUMULATIVE IWT EXPENDITURES (INCLUDING THIS REQUEST)	TOTAL APPROVED IWT GRANT FUNDS	CUMULATIVE BUSINESS MATCH EXPENDITURES	TOTAL BUDGETED BUSINESS MATCH
Instructor Wages/Tuition Private/Public Training Provider: attach copies of cancelled checks, paid receipts, student rosters Employee Instructor: attach copy of payroll sheet with name of instructor(s) & wage(s) highlighted for time period associated with training delivery; attach statement as to time employee spent conducting training					
Materials/Supplies/Textbooks Attach copies of cancelled checks, paid receipts					
Employee Wages Paid While Attending Training*					
Other Employer Contributions List and describe each item separately					
Other Costs List and describe each item separately					
Totals					
Funds Requested (current period)					

*Note: Wages paid to employees while attending training may be used for the business's/consortium's contribution to the cost of training

