



1109 South 16th • Fort Smith, Arkansas • 72901 • (479)785-2651 • Fax (479) 785-1964

**TRAVEL SHEET FOR
WIOA PARTICIPANTS**

PARTICIPANT: _____ CAREER ADVISOR: _____
 TRAINING
 SITE: _____ PAY PERIOD FROM: _____ TO: _____

SIGNATURES MUST BE IN INK --- NO WHITE OUT CAN BE USED

Draw a single line through incorrect information and initial changes made. Write correct information beside initials. Review days for accuracy. Travel sheets must be completed with required legible signature.

| PARTICIPANT SIGNATURE | DATE | INSTRUCTOR/SUPERVISOR SIGNATURE |
|-----------------------|------|---------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

CAREER ADVISOR SIGNATURE: _____

| DO NOT WRITE IN THIS SPACE | | | | |
|----------------------------|-----------------|---------------|---------------|-------------|
| PROGRAM | RATE: | DAYS ATTENDED | MILES PER DAY | AMOUNT PAID |
| | \$.54 PER MILE | | | |