

**Southern Nevada Workforce Investment Board**  
**Cost Reimbursement Invoice / Advance Funds Request**

<b>Service Provider Name:</b>	<b>Invoice No.:</b>
<b>Month:</b>	<b>Contract No.:</b>

Program Activity	Expenditure Summary			Advance Summary	
	Current Expenses	Less: Outstanding Advance	Amount to be Reimbursed	Advance Requested	Prior Advances Outstanding
Adult Services	\$ -	\$ -	\$ -	\$ -	\$ -
Dislocated Worker Services	\$ -	\$ -	\$ -	\$ -	\$ -
In-School Youth Services	\$ -	\$ -	\$ -	\$ -	\$ -
Out-Of-School Youth Services	\$ -	\$ -	\$ -	\$ -	\$ -
Governor's Reserve (Adult)	\$ -	\$ -	\$ -	\$ -	\$ -
Governor's Reserve (DW)	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA Adult Services	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA Dislocated Worker Services	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA In-School Youth Services	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA Out-Of-School Youth Services	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures</b>	\$ -	\$ -	\$ -	\$ -	\$ -

**Request For Reimbursement**

	Adult	Dislocated Worker	Youth	Supplemental
1. Current Cost Reimbursement / Advance Request	\$ -	\$ -	\$ -	\$ -
2. Less Advance Repayment	\$ -	\$ -	\$ -	\$ -
3. Total Reimbursement / advance for this Invoice (1 - 2)	\$ -	\$ -	\$ -	\$ -

**CERTIFICATION:**

The above represents an invoice for actual expenses incurred in the performance of the above referenced contract or an advance on expenditures projected to be incurred within 15 days. I hereby attest that all information provided, including the attachments, is correct, matches program financial records and that the cash requested will be disbursed in accordance with the conditions of the agency/organization's agreement with the Southern Nevada Workforce Investment Board.

<b>Typed Name and Title of Authorized Official</b>	<b>Signature:</b>	<b>Date:</b>
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**SNWIB Use Only**

**Remarks:**

  
  
  

<b>Reviewed By:</b>	<b>Reviewed By:</b>
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