**Business:**

**Address to Send Reimbursement:** Click here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expense Description (Ex: Course registration, manuals/textbooks, testing/certification cost)** | **Approved Expense Amount** | **Total Reported Expense** | **Approved Non-Federal Share Amount\*** | **Total Non-Federal Share Expense** | **Unexpended Budget Balance** |
| *Only Include reimbursable expenses approved in your application* | *List amount approved in application* | *List amount actually spent* | *List non-federal share approved in application* | *List non-federal share actually spent* | *Approved Expense - Total Reported Expense* |
| Click here to enter text. | Click here to enter text. |  |  |       |       |
| Click here to enter text. | Click here to enter text. |       |       |       |       |
| Click here to enter text. | Click here to enter text. |       |       |       |       |
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| Click here to enter text. | Click here to enter text. |       |       |       |       |
| Click here to enter text. | Click here to enter text. |       |       |       |       |
| Click here to enter text. | Click here to enter text.  |       |       |       |       |
| **Totals** |   |   |   |   |   |
|   | **Requested Reimbursement:**  |  |       |       |       |
| **Signature of Authorized Official** **Date:\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_** |

Instructions: Attach invoice & proof of payment for each line-item expense. If desired, businesses can submit separate requests for different trainings as they are completed.