

**CUMULATIVE EXPENDITURE FORM
DUE BY THE _____ of THE MONTH
FOR THE PRECEDING MONTH**

SAMPLE

Business Name: _____ Agreement #: _____ No. of Employees Trained This Invoice Period: _____
 Prepared By: _____ Phone: _____ No. of Individual Employees Trained to Date: _____
 Date: _____ Request #: _____ Period Covered by This Report - From: _____ To: _____ Monthly Invoice
 Signature of Authorized Business Representative: _____ Title of Authorized Business Representative*: _____ Single/Final Invoice

* If this is a new Business Representative, please check here:

EXPENDITURES	IWT EXPENDITURES CURRENT REPORT PERIOD	IWT EXPENDITURES TO-DATE (INCLUDING THIS REQUEST)	TOTAL APPROVED IWT GRANT FUNDS	BUSINESS MATCH EXPENDITURES CURRENT REPORT PERIOD	BUSINESS MATCH EXPENDITURES TO-DATE	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				XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Materials/Supplies/Textbooks Attach copies of cancelled checks, paid receipts				XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Other Costs List each item separately				XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
				XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
				XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Totals	\$0.00	\$0.00	\$0.00	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

* Effective March 1, 2009, and continuing for an indefinite period of time, the matching contribution requirements have been waived for new IWT agreements.

