

Workforce Connections Invoice/Forecast Instructions:

For Invoices:

***Please start with invoice 1 and then number consecutively forward each invoice submitted.**

1. Fill out just the gray areas on the summary page.
2. Fill out the supplementary worksheets (Part& Training to Match). The rest of the invoice summary will self-populate based on information on those sheets. There are comments contained in cells on the Personnel page to help in filling out the supplementary worksheets. Look for red triangles in the upper right corner. Hover over those cells with your mouse and the comment should appear to help you.
3. Fill out the First Page based on the amounts on the Summary page.
4. Print out an accounting report from your system that matches the total amount billed on this invoice and attach the report to the invoice. Please do not submit any supplementary reports, invoice copies, or other backup. We will look at that when we come out to monitor.
5. Submit the invoice (don't forget Schedules A-1 and B-1) with your GL report.

For Forecasts:

***Please start with CF1 as your first number and then number consecutively forward (CF2 etc.) for each cash forecast submitted.**

1. Fill out the Forecast Page with categories/line items you want to advance.
2. Fill out the First Page using the Forecast Requested columns.
3. Submit the forecast. Forecast requests now only require 2 pages - A GL report is required if a prior forecast is still outstanding.

revised June 2014

workforce CONNECTIONS
Cost Reimbursement Invoice / Cash Forecast Request

Service Provider Name:	Invoice/Forecast No.:
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Invoice/Forecast Period:	Contract Name:	Contract No.:
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Program Activity	Expenditure Summary			Forecast Summary	
	Current Expenses	Less: Outstanding Forecast	Amount to be Reimbursed	Forecast Requested	Prior Forecast Outstanding
Adult Title I Services - CFDA #17.258	\$ -	\$ -	\$ -	\$ -	\$ -
Dislocated Worker Title I Services - CFDA #17.260	\$ -	\$ -	\$ -	\$ -	\$ -
Youth In-School Title I Services - CFDA #17.259	\$ -	\$ -	\$ -	\$ -	\$ -
Youth Out-Of-School Title I Services - CFDA #17.259	\$ -	\$ -	\$ -	\$ -	\$ -
Governor's Reserve - Adult - CFDA #17.258	\$ -	\$ -	\$ -	\$ -	\$ -
Governor's Reserve - DW - CFDA #17.260	\$ -	\$ -	\$ -	\$ -	\$ -
Governor's Reserve - Youth - CFDA #17.259	\$ -	\$ -	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures/Forecast Requested	\$ -	\$ -	\$ -	\$ -	\$ -

Request For Reimbursement

	Adult	Dislocated Worker	Youth	Other	TOTAL
1. Current Cost Reimb./Forecast Request	\$ -	\$ -	\$ -	\$ -	\$ -
2. Less Forecast Repayment	\$ -	\$ -	\$ -	\$ -	\$ -
3. Total Reimb./Forecast for this Invoice (1 - 2)	\$ -	\$ -	\$ -	\$ -	\$ -

CERTIFICATION:

The above represents an invoice for actual expenses incurred in the performance of the above referenced contract or a forecast 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 Workforce Connections.

Typed Name and Title of Authorized Official	Signature:	Date:
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Remarks:

Service Provider:

Forecast #:

Forecast Period:

A. Forecast Supplementary Report

	Line Item	Note	Amount
1	Participant Training		
2	Support Services		
3	Program Personnel		
4	Program Personnel Fringe		
5	Travel		
6	Equipment		
7	Consultant/Contracts		
8	Other Overhead		
9	Support Personnel		
10	Support Personnel Fringe		
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
		Total Requested	\$0.00

Workforce Connections Invoice/Forecast Summary

Service Provider Name: _____

Invoice/Forecast No.: _____

Invoice/Forecast Period: _____

% of contract year completed as of this invoice period (select month completed):

>% Completed<

	Total Contract Budget	Current Request	YTD Contract Expenditures	Contract Remaining	% of Contract Spent YTD
A. Participant Training	\$ -	\$ -	\$ -	\$ -	N/A
B1. OCC Supportive Services	\$ -	\$ -	\$ -	\$ -	N/A
B2. Other Supportive Services	\$ -	\$ -	\$ -	\$ -	N/A
C. Program Personnel	\$ -	\$ -	\$ -	\$ -	N/A
D. Program Fringe Benefits	\$ -	\$ -	\$ -	\$ -	N/A
E. Travel	\$ -	\$ -	\$ -	\$ -	N/A
F. Equipment	\$ -	\$ -	\$ -	\$ -	N/A
G. Consultants/Contracts	\$ -	\$ -	\$ -	\$ -	N/A
H. Other Overhead Costs	\$ -	\$ -	\$ -	\$ -	N/A
I. Support Personnel	\$ -	\$ -	\$ -	\$ -	N/A
J. Support Fringe Benefits	\$ -	\$ -	\$ -	\$ -	N/A
Totals	\$ -	\$ -	\$ -	\$ -	N/A

Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

A. Participant Costs Training

Percent of contract year completed

Type	Amount This Invoice/Forecast	YTD Analysis			
	Adult Requested	Budget Amount	Adult Billed YTD	Amount Remaining	% Billed YTD
1 Occupational Skills Training				\$ -	N/A
2 On The Job Training				\$ -	N/A
3 Work Experience Training		\$ -		\$ -	N/A
4 Customized Training		\$ -		\$ -	N/A
Total Requested:	\$ -	\$ -	\$ -	\$ -	N/A
	Adult	Budget	Adult	Amt. Remain	

Narrative:

- 1
- 2
- 3
- 4

Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

A-1. Participant Costs Training Support Schedule

	Participant Name	NV Trac #	Service/Activity	Vendor Name	Note	Amount	Date of Activity in NVTrac
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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29							
30							
31							
32							
33							
34							
35							

Page ____ of ____

Total this page \$ -

Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

B1. Supportive Services Related to Occupational Skills Training

Percent of contract year completed >% Completed<

	Amount This Invoice/Forecast		YTD Analysis			
	Type	Adult Requested	Budget Amount	Adult Billed YTD	Amount Remaining	% Billed YTD
1					\$ -	N/A
2					\$ -	N/A
3					\$ -	N/A
4					\$ -	N/A
5					\$ -	N/A
6					\$ -	N/A
7					\$ -	N/A
8					\$ -	N/A
9					\$ -	N/A
10					\$ -	N/A
11					\$ -	N/A
12					\$ -	N/A
13					\$ -	N/A
14					\$ -	N/A
15					\$ -	N/A
Total Requested:		\$ -	\$ -	\$ -	\$ -	N/A
		Adult	Budget	Adult	Amt. Remain	

Narrative:

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Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

B1-1. Supportive Services Related to Occupational Skills Training Support Schedule

	Participant Name	NV Trac #	Service/Activity	Vendor Name	Note	Amount	Date of Activity in NVTrac
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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35							

Page ____ of ____

Total this page \$ -

Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

B2. All Other Supportive Services

Percent of contract year completed >% Completed<

		Amount This Invoice/Forecast
Type		Adult Requested
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
Total Requested:		\$ -
		Adult

YTD Analysis			
Budget Amount	Adult Billed YTD	Amount Remaining	% Billed YTD
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
\$ -	\$ -	\$ -	N/A
Budget	Adult	Amt. Remain	

Narrative:

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Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

B2-1. All Other Supportive Services Support Schedule

	Participant Name	NV Trac #	Service/Activity	Vendor Name	Note	Amount	Date of Activity in NVTrac
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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35							

Page ____ of ____

Total this page \$ -

Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

C. Program Personnel

Percent of contract year completed >% Completed<

	Name/Position	Amount This Invoice/Forecast		
		Total Gross Wages	Adult Requested	Percent Billed
1				0%
2				0%
3				0%
4				0%
5				0%
6				0%
7				0%
8				0%
9				0%
10				0%
11				0%
12				0%
13				0%
14				0%
15				0%
Total Requested:		\$ -		
		Adult		

YTD Analysis			
Budget Amount	Adult Billed YTD	Amount Remaining	% Billed YTD
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
\$ -	\$ -	\$ -	N/A
Budget	Adult	Amt. Remain	

Narrative:
 1
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Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

D. Program Fringe Benefits

Percent of contract year completed >% Completed<

	Name/Position	Amount This Invoice/Forecast		
		Total Expense	Adult Requested	Percent Billed
1				0%
2				0%
3				0%
4				0%
5				0%
6				0%
7				0%
8				0%
9				0%
10				0%
11				0%
12				0%
13				0%
14				0%
15				0%
Total Requested:		\$ -		
		Adult		

YTD Analysis			
Budget Amount	Adult Billed YTD	Amount Remaining	% Billed YTD
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
\$ -	\$ -	\$ -	N/A
Budget	Adult	Amt. Remain	

Narrative:

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Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

E. Travel

Percent of contract year completed

	Amount This Invoice/Forecast
Purpose of Travel/Type	Adult Requested
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
Total Requested:	\$ -
	Adult

YTD Analysis			
Budget Amount	Adult Billed YTD	Amount Remaining	% Billed YTD
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
\$ -	\$ -	\$ -	N/A
Budget	Adult	Amt. Remain	

Narrative:

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Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

F. Equipment

Percent of contract year completed >% Completed<

Item(s)	Amount This Invoice/Forecast
	Adult Requested
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
Total Requested:	\$ -
	Adult

YTD Analysis			
Budget Amount	Adult Billed YTD	Amount Remaining	% Billed YTD
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
\$ -	\$ -	\$ -	N/A
Budget	Adult	Amt. Remain	

Narrative:

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Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

G. Consultants/Contracts

Percent of contract year completed >% Completed<

		Amount This Invoice/Forecast
Consultant, Contract, Expense		Adult Requested
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
Total Requested:		\$ -
		Adult

YTD Analysis			
Budget Amount	Adult Billed YTD	Amount Remaining	% Billed YTD
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
\$ -	\$ -	\$ -	N/A
Budget	Adult	Amt. Remain	

Narrative:

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Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

H. Other Overhead Costs

Percent of contract year completed

Type	Amount This Invoice/Forecast		
	Total Expense	Adult Requested	Percent Billed
1			0%
2			0%
3			0%
4			0%
5			0%
6			0%
7			0%
8			0%
9			0%
10			0%
11			0%
12			0%
13			0%
14			0%
15			0%
Total Requested:		\$ -	
		Adult	

YTD Analysis			
Budget Amount	Adult Billed YTD	Amount Remaining	% Billed YTD
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
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		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
\$ -	\$ -	\$ -	N/A
Budget	Adult	Amt. Remain	

Narrative:

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Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

I. Support Personnel

Percent of contract year completed >% Completed<

	Name/Position	Amount This Invoice/Forecast		
		Total Gross Wages	Adult Requested	Percent Billed
1				0%
2				0%
3				0%
4				0%
5				0%
6				0%
7				0%
8				0%
9				0%
10				0%
11				0%
12				0%
13				0%
14				0%
15				0%
Total Requested:		\$ -		
		Adult		

YTD Analysis			
Budget Amount	Adult Billed YTD	Amount Remaining	% Billed YTD
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
\$ -	\$ -	\$ -	N/A
Budget	Adult	Amt. Remain	

Narrative:

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Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

J. Support Fringe Benefits

Percent of contract year completed >% Completed<

Name/Position	Amount This Invoice/Forecast		
	Total Expense	Adult Requested	Percent Billed
1			0%
2			0%
3			0%
4			0%
5			0%
6			0%
7			0%
8			0%
9			0%
10			0%
11			0%
12			0%
13			0%
14			0%
15			0%
Total Requested:		\$ -	
		Adult	

YTD Analysis			
Budget Amount	Adult Billed YTD	Amount Remaining	% Billed YTD
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
		\$ -	N/A
\$ -	\$ -	\$ -	N/A
Budget	Adult	Amt. Remain	

Narrative:

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Service Provider Name: _____

Invoice/Forecast Period: _____

Invoice/Forecast No.: _____

K. Match/Leveraged Funds

Category	Total Reported This Invoice		YTD Analysis		
	Source	Value	Budgeted	YTD Total	% Billed YTD
A. Participant Training - Cash					N/A
A. Participant Training - In Kind					N/A
B1. OCC Support Services - Cash					N/A
B1. OCC Support Services - In Kind					N/A
B2. Other Support Services - Cash					N/A
B2. Other Support Services - In Kind					N/A
C. Program Personnel - Cash					N/A
C. Program Personnel - In Kind					N/A
D. Program Fringe - Cash					N/A
D. Program Fringe - In Kind					N/A
E. Travel - Cash					N/A
E. Travel - In Kind					N/A
F. Equipment - Cash					N/A
F. Equipment - In Kind					N/A
G. Consultants/Contracts - Cash					N/A
G. Consultants/Contracts - In Kind					N/A
H. Other - Cash					N/A
H. Other - In Kind					N/A
I. Support Personnel - Cash					N/A
I. Support Personnel - In Kind					N/A
J. Support Fringe - Cash					N/A
J. Support Fringe - In Kind					N/A
Total		\$ -	\$ -	\$ -	N/A

Description:

- A.
- B1.
- B2.
- C.
- D.
- E.
- F.
- G.
- H.
- I.
- J.