

Missouri Department of Economic Development Missouri Division of Workforce Development Missouri Employment & Training Program

Appendix Q



WEEKLY CLAIM FOR TRANSPORTATION-RELATED EXPENSES (TRE)

STUDENT'S NAME (Last, First, Middle) STUDENT'S STREET ADDRESS CITY STATE TO BE COMPLETED BY THE TRAINING FACILITY YES NO During the week of, did the student terminate participation in training? If "Yes," Date Terminated, ast Day Attended ATTENDANCE RECORD Did the student receive a subsistence, education and training or educational assistance allowance from a Pell Grant, Supplemental Education Opportunity Grant, Veterans Administration, Job Training Partnership Act or any other federally funded program for the week?
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If "Yes," name of program Date Received
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Number of days student attended training for the week of
TRAINING FACILITY CERTIFICATION
The above answers are in accordance with our records. The student is making satisfactory progress
in all scheduled classes. The student is on schedule to finish training in accordance with the METP approved training program.
NAME OF TRAINING FACILITY
NAME OF TRAINING FACILITY
x
JOB CENTER MAIL ORIGINAL OF THIS FORM TO: TRAINING FACILITY REPRESENTATIVE'S SIGNATURE DATE MAIL ORIGINAL OF THIS FORM TO:
DATE
STAFF NAME
STAFF NAME