TRAINING REIMBURSEMENT FORM

☐ **WVOEO Sponsored** ☐ **NON-Sponsored Training**

Training Requesting Subrecipient: **Today's Date:**

Address: **City:** **State: WV ZIP:**

Completed By: **Phone:**

Training Course:
Dates:
Training Address: **City:** **State:** **Zip:**
Target Capabilities:
# of Participants: **Names of Participants:**

☐ **Estimated Expense**

Training Expenses	**Cost**
Instructor(s) Fee:	
Instructor(s) Travel:	
Course Fee(s):	
Agency Travel:	
Agency Lodging:	
Training Materials/Supplies:	
Training Meals Provided:	
Per Diem (Meals not provided during training)	
Facility Rental:	
Miscellaneous:	
Total Cost	

By signing this Training Reimbursement Form, I am authorizing WVOEO to obligate the identifying funding source and amounts as necessary for the completed training.

Training Code
(WVOEO USE)

_____ _____
Subrecipient Executive Director (or designated authority) Date

_____ _____
Approved by WVOEO Date

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Please attach the following to this reimbursement:

If WVOEO did not providing the training, please provide the following:

- Instructor(s) training agenda and/or curriculum (additional information may be requested by WVOEO).

For all training reimbursements please provide the following:

- List of the Subrecipient's participants (additional information may be requested by WVOEO).

***** TRAINING REIMBURSEMENT INSTRUCTIONS*****

Upon completion of an approved training, a Subrecipient will complete a *Subrecipient Training Reimbursement Form* which can be found on the WVOEO website (www.oeo.wv.gov). A PDF of this form and all necessary back-up documents to justify stated costs must be emailed within thirty (30) days of the final day of the training to the WVOEO Training Coordinator and Weatherization Manager. Late requests will not be processed.

Reimbursement requests forms must be filled out entirely and include the necessary backup documentation. Subrecipient name and address MUST match records on file with the State Auditor Office. (Refer to DOE/DHHR Funding Requests). Incomplete requests will not be processed.

Reimbursement requests must be signed and dated by the Subrecipient Executive Director (or designated authority).

The Subrecipient is responsible for entering all training information for each employee into the data management system, as a stipulation to receiving reimbursement.