

WCAPDD, Inc. Transportation Billing / Routing Sheet

West Central Arkansas Planning and Development District, Inc.

P.O. Box 6409 Hot Springs, AR. 71902-6409 Contact: Marty Parker 501-525-7577

For the Month of: _____

Participant _____ Participant ID # _____

Section 1: Participant and Transportation Provider Information and Signatures

Name of Individual or Company to be Paid: City of Hot Springs IT Department

Address: P O Box 6300, Hot Springs, AR 71902-6300

Phone Number: 501-321-6823 Contact Name: _____

Total Transportation Amount Requested: _____

I certify that the information reported on this form is correct, and that all expenses were necessary to participate in WIOA Title-IB activities.

Participant Signature _____ Date _____

Provider Signature _____ Date _____

Section 2: Authorization

Authorizing Signature _____ Date _____

Amount of check to be issued _____ Check Number _____

Additional Information or Comments: