



Workforce Training Fund Program

Express Grant Reimbursement Instructions

Instructions

1. **Reimbursement Request Form:** Please complete the Reimbursement Request Form as described below to:
Express@commcorp.org
Fax: 617-242-7660
 - a. **Organization Name:** Please enter the name of your company.
 - b. **Project #:** Please enter the project number listed on the Express Grant Service Agreement you received from Commonwealth Corporation.
 - c. **FEIN:** Please enter your Federal Employer Tax Identification Number.
 - d. **Address:** Please enter the address of your company.
 - e. **Contact Name:** Please enter the name of the individual we should contact with questions about this Reimbursement Request Form.
 - f. **Telephone & Email:** Please enter the telephone number and email address for the contact name recorded on the form.
 - g. **Training Information Chart:** Please complete the chart with information about the courses for which you are seeking reimbursement. Please enter each course on a different line of the chart.
 - i. **Course ID:** Please enter the course ID. This information can be found on your original application and page 4 of your Express Grant Service Agreement.
 - ii. **Course Name:** Please enter the course name. This information can be found on your original application and page 4 of your Express Grant Service Agreement.
 - iii. **Training Start Date:** Please enter the date that the course began. This date should not be prior to the date of your agreement with Commonwealth Corporation.
 - iv. **Training End Date:** Please enter the date that the course ended. Training must be completed prior to the submission of a reimbursement request.
 - v. **Number of Trainees:** Please enter the number of employees that participated in the course.
 - vi. **Cost Per Course:** Please enter the total cost of the course.
 - vii. **Requested Reimbursement Amount:** Please enter the requested reimbursement amount. Please note this may not exceed more than \$3,000 per individual employee, per training and may not exceed 50% of the cost of training.
 - viii. **List of Trainees Attached (Y/N):** Please enter "Y" to confirm that you have attached a list of trainees to the Reimbursement Request Form. Please ensure that the number of individuals you entered under the column header "number of trainees" equals the number of names listed on the attached list.
 - ix. **Copy of Training Provider Invoice Included (Y/N):** Please enter "Y" to confirm that you have attached a copy of the training provider invoice to the Reimbursement Request Form.
 - x. **Proof of Payment to Training Provider Included (Y/N):** Please enter "Y" to confirm that you have attached proof of payment to the Reimbursement Request Form.
2. **List of Trainees:** Please include a list of employees that participated in each course. If you are submitting a reimbursement request for multiple courses, please label each list of trainees with the course ID and course name. Clearly labeling this information will help us process your payment.
3. **Training Provider Invoice(s):** You must submit a copy of the invoice from your training provider that includes the course name and cost of the course. Please make sure the name of the course is listed on the invoice and that this course name is the same course name approved on your agreement with Commonwealth Corporation.
4. **Proof of Payment:** As proof your company has paid the training provider you must submit proof of payment; acceptable documentation includes: copies of the canceled check(s), credit card/bank statements, online payment receipts, or invoices that are stamped paid and show a balance of \$0 from the training provider.



Workforce Training Fund Program Express Grant Reimbursement Request Form

Organization Name: _____ **Project #:** _____ **FEIN:** _____
Address: _____ **City, State, Zip:** _____
Contact Name: _____ **Telephone:** () - - **Email:** _____

Training Information

Course ID	Course Name	Training Start Date	Training End Date	Number of Trainees	Total Cost of Course	Requested Reimbursement Amount	List of Trainees Attached (Y/N)	Training Provider Invoice Included (Y/N)	Proof of Payment to Training Provider Included (Y/N)
Total Reimbursement Request Amount:									

I certify under penalties of perjury that all laws, regulations, policies and procedures governing the expenditures of these public funds have been complied with, that expenses are true and correct, and that expenditures included in this invoice were used solely for the purpose specified in the award for this contract. I certify that all of the following statements are true.

- All of the employees listed above participated in training as specified.
- All of the employees listed above are on the payroll of my company and are working in Massachusetts.
- I understand that Commonwealth Corporation may request to see additional documentation to determine proof of payment or participation in training.
- I am authorized to provide this information for my organization.

Authorizing Official Signature _____

Authorizing Official Name: _____

Date: _____

Authorizing Official Title: _____

FOR COMMONWEALTH CORPORATION USE ONLY

Received by/Reviewed by: _____

Finance _____

Date: _____

Approved by: _____

Date: _____

\$ _____

Date: _____