



Plan Time/Cost/Travel Encumbrance

Please Complete Entire Form

Original Modified **Plan Start Date:** _____ **Plan End Date:** _____

Time Cost Travel Curriculum Training Site Non Co-Op AVA Other

Date	Worker Name	Plan Goal	Claim Number
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Billing Codes				
Vendor Name				TOTALS
Provider #				
Tuition and Fees R0310				
Books/Equip./Supplies/Other R0312				
Licensed Child-Care R0390				
Dates of Service	From	From	From	From
	To	To	To	To

If more than one page, then provide grand total on last page.

GRAND TOTAL	
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TRAVEL

Worker Address (trip start) If no travel, then mark box here: <input type="checkbox"/>				
Vendor Name				
Provider #				
Ferry/Tolls/Parking/Comm. Trans. 0304R				
Mileage 0301R	A	B	C	D
Address (trip end)				
# of Training Days				
# of Round-Trip Miles				
Dates of Service	From	From	From	From
	To	To	To	To

Vocational Provider	
Assigned VRC Name _____	Signature _____
VRC Phone # _____	VRC Fax # _____

Department Use Only	
VSS Signature _____	Date _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Page ____ of ____	