

**COUNTY OF LOS ANGELES - COMMUNITY AND SENIOR SERVICES  
WORKFORCE INVESTMENT ACT**

**Final Request for Cash**

AGENCY:			<b>CSS STAFF USE ONLY</b>	
ADDRESS			Program Staff Review	Date
CITY			Fiscal Review	Date
STATE	ZIP		Fiscal Approval:	Date
CONTRACT NO	ADULT	DISLOCATED WORKER	Amount Paid	ENC. No
REQUEST PERIOD		REQ NO.		

<b>COST REIMBURSTMENT</b>						
<b>CHARGES</b>	<b>Administration Cost 3%</b>	<b>Program Costs</b>				<b>GRAND TOTAL</b>
		Core	Intensive	Training	Total	
Current Budget						
Cash Received						
Cash Disbursed						
Cash Balance						
Cash Requested						

**Prepared By** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Authorized  
Signature** \_\_\_\_\_

**Date** \_\_\_\_\_