



# LOS ANGELES COUNTY WIA ADULT, WIA DISLOCATED WORKER DIRECTIVE

**NUMBER:** D-BWA-04-001      **SUBJECT:** REQUEST FOR CASH INVOICES

**DATE:** 01-08-04      **EFFECTIVE DATE:** IMMEDIATELY      **PAGE 1 OF 1**

**\*\* FOR YOUR IMMEDIATE ATTENTION \*\***

**TO:**            **All WIA Adult Service Providers**  
                  **WIA Dislocated Workers Service Providers**  
                  **Special Needs Service Providers**

### **Purpose**

The purpose of this Directive is to inform WIA Adult, WIA Dislocated Workers, and Special Needs service providers that effective **February and thereafter, all monthly invoice submission are as follows:**

<b>PROGRAM</b>	<b>DUE DATE</b>	<b>SUBMIT TO</b>
WIA Adult	Fifth (5 <sup>th</sup> ) working day of each month	April Mitchell
WIA Dislocated Workers	Fifth (5 <sup>th</sup> ) working day of each month	April Mitchell
Special Needs Program	Fifth (5 <sup>th</sup> ) working day of each month	April Mitchell

Please submit (2) two original copies of the required forms for payment, which includes: 1) Request For Cash, 2) Monthly Invoice, 3) General Ledger to support amount requested, 4) Projected Operating Expense Report (if required), and 5) the Quarterly Participant Report at the end of appropriate quarter. **Agencies submitting invoices after 5<sup>th</sup> will not be processed.**

Please submit your monthly reports to the following address:

County of Los Angeles  
Community & Senior Services  
Employment & Training Programs  
3175 West Sixth Street, Box 12  
Los Angeles, California 90020-1789  
**Attn: April Mitchell**

If you have any questions, regarding this Directive please contact April Mitchell at (213) 738-4735. Your cooperation in this matter would be greatly appreciated.

JOSIE MARQUEZ, Director  
Employment and Training