

EXHIBIT J

Agreement for Additional Dislocated Workers
DSES-OET and WIB
08/01/12 – 06/30/13

SAMPLE INVOICE

(Request for inter-department funds transfer)

TO: Monterey County Workforce Investment Board

FROM: Monterey County Office for Employment Training

Please make the following fund transfer the Monterey County Office for Employment Training:

Period of Service: _____

Governor's 25% Discretionary Dislocated Worker Additional Assistance for Manufacturing & Banking Dislocated Workers Project		
I. Budget Detail	Planned Expenditures This Grant	Planned Expenditures Other Sources
Staff Salaries & Benefits	\$196,745	0
Staff Travel	\$500	
Operating Expenses	\$74,674	
Subtotal Contract Budget:	\$271,919	0
II. Budget Supportive Services (SS) & Training Set-Aside	Planned Expenditures This Grant	Planned Expenditures Other Sources
Supportive Services Set-aside	\$17,100	
Training OJT/ITA Set-aside	\$225,000	
Subtotal SS & Training:	\$242,100	0
Total Contract Obligation:	\$514,019	0
SB734 Leveraged OJT Employer Contribution	\$TBD	0

III. Quarterly Invoice Summary:	Sep 02	Dec 02	Mar 03	Jun 03 – Ending Balance
Contract Expenditures	\$TBD	\$TBD	\$TBD	\$TBD
Supportive Services Expenditures	\$TBD	\$TBD	\$TBD	\$TBD
Training Expenditures	\$TBD	\$TBD	\$TBD	\$TBD

I certify that the expenses are accurate and documentation detail is on file, and that the services were provided in accordance with the MOU between WIB and OET and as described in Exhibit A.

Name

Title

Date

The cost will be applied to the WIB budget as appropriate.

WIB Analyst Approval: _____