



COMPANY NAME: <i>Sample</i>	Please complete information below
(1) TOTAL TRAINING COST Total cost of specific training program, for which you are requesting partial reimbursement	
(2) REIMBURSEMENT REQUESTED *UP TO 75% MAXIMUM *This reimbursement request requires a minimum 25% cash match and will not reimburse for more than 75% of cost	TOTAL TRAINING COST.....\$1,000 LESS 25% CASH CONTRIBUTION... \$250 REIMBURSEMENT REQUESTED.... \$750
(3) TYPE OF TRAINING	CNC
(4) TRAINING VENDOR	<i>Training Providers, Inc.</i>
(5) TRAINING DATES Training must be started after 7/1/09 and completed by 6/30/2010	<i>July30, August 6, September 3, 2009</i>
(6) NUMBER OF PARTICIPANTS	3
(7) TOTAL TRAINING HOURS PER PARTICIPANT	10
(8) AVERAGE HOURLY WAGE* PER PARTICIPANT *this includes all benefits	<i>\$25/hour (including benefits)</i>
HOURLY WAGE APPLIED TO IN-KIND MATCH* (6) X (7) X (8) = \$ applied to match *THIS AMOUNT SHOULD EQUAL REIMBURSEMENT REQUESTED	<i>3 X 10 X 25 = \$750</i>