TRA Weekly Request for Allowances by Participant in Approved Training Under the Trade Act of 1974, As Amended

TAA Encumbrance _____
Invoice No. _____

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Provision of your Social Security Number (SSN) is mandatory per the federal Social Security Act. Your SSN is used to verify your identity. If you do not provide it, we cannot take your claim.

Name (last, first, middle)		Social Security Number		
Telephone Number	Email Address			
Street Address		City	State	Zip Code
Training Institution		Training Program		

For Week Number ____, Beginning Sunday, _____and Ending Saturday, _____

A. Training Attendance

1. Did you attend all scheduled classroom training approved under the Trade Act Program this week? ..... ☐ YES ☐ NO
   If "NO," explain why you didn't attend all scheduled classes or satisfy program requirements for this week.
   _____
   _____
2. Was there a scheduled break in training this week? ☐ YES ☐ NO Training break scheduled from _____ to _____
   Training Representative Signature _____ Date Signed_____
3. Enter this week's attendance record below by indicating **P** for Present and **A** for Absent.
   Remedial Students: Enter the number of hours that you attended remedial training each day.
   Instructor or Training Institution Representative signature is required for verification for **EACH** class attended.
   Note: Students enrolled in Internet classes **must** obtain weekly attendance verification from their instructor in writing via Email or fax and attach it to this form.

Name of Class	M	T	W	R	F	S	Instructor Signature

B. Transportation and Subsistence Allowances

1. If you have been approved by your TAA Coordinator to receive mileage reimbursement for travel outside the normal commuting distance, enter your travel information here: Number of Days _____ Round Trip Mileage per day _____
2. If you have been approved by your TAA Coordinator to reside away from home to attend training, complete the following:
   Days resided away_____ Number of One-way trips _____ Miles per Day_____
   Total Lodging Cost _____ Total Meal Cost _____ Note: Meal and Lodging receipts must be attached.

C. Participant Certification

This information is correct to the best of my knowledge. I understand that if I add or drop classes or change my training plan in any way I need to inform the TAA Coordinator. I understand that if I receive other federal training allowances or grants, I need to inform the TRA and TAA Coordinator as well as provide a copy of my Award Letter. I authorize the training institution to release training related information and educational grant information to the state for TAA/TRA purposes. I understand penalties (including loss of TRA and prosecution) are provided for willful misrepresentation made to obtain TRA Allowances and/or TAA assistance.

Participant Signature _____ **Date Signed** _____

APPROVALS – FOR LOCAL USE ONLY

☐ Transportation/Travel		☐ Subsistence		☐ Reimbursements	☐ ATAA ☐ RTAA
Rate/Mile	No. of Days	Actual Cost	No. of Days	Total $	Total $
Total $		Total $			
TAA Coordinator Signature				Date Signed	