



**KIOWA TRIBE
JOB PLACEMENT & TRAINING PROGRAM
ADULT VOCATIONAL TRAINING (AVT)**

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CLASSROOM TRAINING TIMESHEET

PARTICIPANT: _____ PAY PERIOD ENDING: _____

COURSE(S) STUDIED: _____

TRAINING SITE: _____ CITY: _____

	MON	TUE	WED	TH	FR	MON	TUE	WED	TH	FR
DATE										
AM										
PM										

I certify that the above time is accurate and true of the hours performed by the student.

PARTICIPANT SIGNATURE: _____

TIME VERIFIED BY: _____

FOR JOB PLACEMENT & TRAINING PROGRAM OFFICIAL USE ONLY			
<u>ALLOWANCE TYPE</u>	<u>ACCOUNT CODE</u>	<u>CALCULATION</u>	<u>TOTAL</u>
AVT Subsistence Allowance	000-74150	\$ _____ a day X _____ days = S _____	
Mileage Allowance for dates _____		(See attached documentation)	\$ _____
Stipend for _____		(See attached documentation)	\$ _____

AVT STAFF: _____ DATE: _____

AVT DIRECTOR: _____ DATE: _____

CHECK#: _____
CHECK DATE: _____
INITIALS: _____