

Workforce Development Grant Claim

City of Pierre

PO Box 1253 :: Pierre, SD 57501

Vendor: \_\_\_\_\_ Date: \_\_\_\_\_

Expenditure Period: \_\_\_\_\_ Claim Amount: \_\_\_\_\_

Participants/Interns Paid this Expenditure Period:  
\_\_\_\_\_  
\_\_\_\_\_

Describe in summary overall accomplishments achieved for the period covered by expenditures being requested on this claim:

\_\_\_\_\_  
I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and believe, is in all things true and correct.

\_\_\_\_\_  
Signature

**Employee Timesheets and Proof of Payment are required to accompany claim form to process payment.**

For City Finance Office Use Only:

Account Number: \_\_\_\_\_ Amount: \_\_\_\_\_

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and believe, is in all things true and correct. I further certify that the services were rendered or materials received and that the above claim is hereby approved for payment.

\_\_\_\_\_  
Signature Finance Approval