

**INSTRUCTIONS - FORM WIOA 1**  
**WORKFORCE INNOVATION AND OPPORTUNITY ACT**  
**SUBRECIPIENT'S REQUEST FOR ADVANCE OR REIMBURSEMENT**  
(Revised 9/20)

Purpose

This form will be used to request advance or reimbursement payments from the State. A signed original should be submitted.

General Instructions

Prepare a separate form for each agreement. A substitute form in a different format may be used if the same information is displayed.

Frequency and Report Due Date

Requests for reimbursement must be submitted monthly. The form should be sent to the address shown below:

Department of Labor and Industrial Relations  
Administrative Services Offices – WIOA Unit  
830 Punchbowl Street, Room 309  
Honolulu, Hawaii 96813

Detailed Instructions

1. Subrecipient's Name
2. Subrecipient's Address
3. Agreement No.
4. Program
5. Indicate whether the request is for an initial advance, periodic advance, reimbursement, or final invoice.
6. Agreement period as stated in the executed contract.
7. Report period should be from inception of the agreement to present.
8. Cash Transaction Data
  - a. Total cash received from inception of the contract to present.
  - b. Total disbursements from inception of the contract to present.

- c. Cash on hand / deposit (8a minus 8b).
- d. Cash requested but not received.
- e. Interest income earned.
- f. Cash on hand/deposit and cash requested but not received (8c plus 8d minus 8e).
- g. Estimated disbursements for the specified period. Complete page 2 of the request. The total amount shown on page 2 should equal line 8g.
- h. Projected cash balance on hand (8f minus 8g).
- i. Amount of cash request. Note: a negative amount will denote a refund to be issued to the State.

9. Subrecipient's certification, authorized signature and date.

PAGE 2: (Submit even if there are no planned disbursements)

10. List of planned disbursements. Note: the total must equal to the amount requested on Line 8g.