



In accordance with the Trade Act of 1974, as amended, Trade participants must complete this form in order to be reimbursed for payments made in cases where vendors would not accept a purchase order.

Participant information:

Participant name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____ Phone: _____

Career Counselor: _____ Career Center office: _____

School: _____

Program: _____ Start date: _____ End date: _____

Purchase information:

The Trade Program will only approve payment for items that are required of **all** students in order to complete the training program. Please list the itemized costs of purchases and the vendor's name. MDCS is a tax-exempt agency therefore the tax amount will not be reimbursed. When submitting this form, include **original** receipts, and attach the course/program syllabus from the school that identifies **all** required purchases and their associated costs.

List itemized costs of purchases:

List vendor name:

Books: \$ _____

Supplies/ \$ _____
Tools

Uniforms: \$ _____

Other: \$ _____

Subtotal: \$ _____

Please provide a brief description of "other" purchase.

Tax: \$ - _____

Deduct tax amount.

Total: \$ _____

I certify that these items were purchased by me and I am not receiving reimbursement from any other source.
The school requires **all** students to purchase these items in order to complete the specified training program.

Signature of participant

Date

MOSES ID number

Payment Approval (to be completed by DCS/Trade Program):

Signature

Date

\$ _____
Amount approved

Please send completed form with a copy of syllabus and receipts to: TradePrograms@detma.org