WIOA / WFNJ Expenditure Report Extension Request

Date of Request: _____

Name of Organization: _____

Name of Person
Submitting Request: _____

Program Year : _____

Report Month: _____

Report Number: _____

Original Report Due Date: _____

Requested Extended Date: _____

Justification for Extension: _____

__ Certification: I understand that once this request is approved or denied, I must upload a copy of this form to the Miscellaneous Attachments section for the report number listed above before submitting the report.

Workforce Development Board Director Signature: _____

Date Signed _____

NJDOL ONLY

Determination: ☐ Approved ☐ Denied

Reason for Approval or Denial: _____

_____ _____

Fiscal Signature Date