I attest that the apprentices listed below have been actively engaged in both classroom and on-the-job learning for a minimum of 6-months. As a sponsor of apprenticeship, I understand that it is my responsibility to maintain accurate records of apprentices on-the-job and classroom training as outlined on the agreed to schedules of work. During regularly scheduled sponsor monitoring, a sample of individual apprentice files will be reviewed to ensure appropriate records are being maintained.

Vendor/Sponsor Name & Address:

Vendor Code:

Vendor Contact Name:Phone: Email:

Vendor Contact Signature : \_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice Name** | **RAPIDS Identification Number** | **Amount Requested Maximum = $500**  | **FUND CODING****(MAP OFFICE USE)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | TOTAL REQUEST |  |  |

Include additional information on separate sheet(s) as necessary.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VENDOR CODE | FUND | DEPT | UNIT | SUB | OBJJECT | TASK | TASK ORDER | AMOUNT APPROVED |
|  | **010** | **12A** | **B125** | **01** | **6510** | **B125** | **23110** | **$** |
|  | **12A** |  | **01** | **6510** |  | **23110** | **$** |

**MAP Office Use Only:**