**Supportive Service Voucher**

 **G**reen **C**ountry **W**orkforce

**D**evelopment **B**oard

*Issued through GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Vendor: |  | | | | | |
| VOUCHER # | | | | | |  |
| Contact Person: | |  | Title: | |  | |
| Address: |  | | | | | |
| Telephone: |  | | | Fax: |  | |
| Email: |  | | | | | |

*ANY REFUNDS OR RETURNS FOR ITEMS OR NON-COMPLETION OF SERVICES, BY LAW, MUST BE MADE TO*

*GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider.*

|  |  |  |
| --- | --- | --- |
| Participant Name: |  |  |
| PID#: |  |  |

ADULT DLW YOUTH IN SCHOOL YOUTH OUT-OF-SCHOOL

|  |  |  |  |
| --- | --- | --- | --- |
| **Quantity** | **Item or Service Description** | **Cost per Item** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | ***VENDOR BILLING INSTRUCTIONS*:**  See page 2 from GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider. |  |  |
|  |  |
| TOTAL |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature Date

***ANY OBVIOUS CHANGES, WHITE OUT, MARK THROUGH, ERASER MARKS, WRITE OVER, WILL VOID THIS VOUCHER***

**Supportive Service**

**Procedures for Invoicing Eckerd**

Dear Vendor,

Please submit your invoice to [GreenCountry@eckerd.org](mailto:GreenCountry@eckerd.org) once you have received the signed voucher. **Please note: No Goods should be released to Participant – Student until you have received an assigned voucher from our Career Manager.**

If you have any invoicing questions, please contact Candice Thomas by email or phone at

918-796-1228.

**Invoice Requirements:**

* Standard format – PDF, Word or Excel
* Vendor Name, Address, City, State, Zip Code and Phone Number
* Invoice Date
* Unique Invoice Number
* Participant - Student Name
* Detailed Description of Goods
  + Number of Units
  + Cost Per Unit
  + Total Cost of Unit/s
* Total Amount Payable
* Remittance Information
  + Mailing Address
  + Attention to a Specific Person or Department

If you are unable to submit an email invoice, please send to the address below.

Thank you,

***Candice Thomas, Program Manger***

**Eckerd**

On behalf of Green Country Workforce

Office: 918-796-1228

14002 E. 21st. St., Ste. 825

Tulsa, OK 74134

[GreenCountry@eckerd.org](mailto:GreenCountry@eckerd.org)