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### Training Voucher Form

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

Training Institution/Provider:	Fax:
Contact Person & Title:	Phone:
Mailing Address:	PID:
Participant Name:	

Funding Stream:  Adult  DLW  Youth  Other \_\_\_\_\_

GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider agrees to sponsor the above named student in the course(s) or program(s) listed below and pay the training costs listed (based on off-the-shelf catalog prices) for the time period of : \_\_\_\_\_ through \_\_\_\_\_. Refunds or returns for non-compliance must be made to GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service Provider.

Original Voucher  
 Modification \_\_\_\_\_ Explanation: \_\_\_\_\_

TRAINING		
Course #	Course Title	Hours

AUTHORIZED TRAINING COSTS				
Item	Amount			Amount
Tuition:	\$		Uniforms:	\$
Fees:	\$		Tools:	\$
Supplies:	\$		Books:	\$
Books:	\$		Other:	\$
			<b>LESS: Other funding (NOT WIOA)</b>	\$
			<b>TOTAL</b>	\$

As the recipient of Workforce Innovation & Opportunity Act (WIOA) Program assistance with tuition, books, fees or other required supplies, I hereby authorize the training institution listed above to release information regarding my attendance, grades, schedules, personal conduct and/or other information as needed to Green Country Workforce Development Board (GCWDB designated fiscal agent/GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider. Furthermore, **I will immediately return any books, tuition, supplies, tools or uniforms purchased to GCWDB designated fiscal agent/GCWDB WIOA Title I contracted service provider if I do not complete the course(s).**

Participant Signature and Date: \_\_\_\_\_

Designated Service Provider Staff Signature and Date: \_\_\_\_\_

Designated Service Provider Fiscal Agent Signature and Date: \_\_\_\_\_

**VENDOR BILLING INSTRUCTIONS** - See page 2 from GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider.



## Procedures for Invoicing Dynamic Workforce Solutions

Dear Vendor,

Please submit your invoice to [MBaird@greencountryworks.org](mailto:MBaird@greencountryworks.org) within 30 days after the start date of training. If you have any invoicing questions, please contact Michelle Baird, Project Accountant, by email or telephone at 405-269-1481.

### 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 and/or Services
  - Tuition
  - Book(s)
  - Fee/License
- Total Amount Payable
- Remittance Information
  - Mailing Address
  - Attention to a Specific Person or Department

Thank you,

Michelle Baird

Project Accountant

Dynamic Workforce Solutions

405-269-1481

[MBaird@greencountryworks.org](mailto:MBaird@greencountryworks.org)