



GREEN COUNTRY WORKFORCE

DEVELOPMENT BOARD

Supportive Service Voucher

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

Vendor:

Contact Person: _____ Title: _____ VOUCHER # _____
 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
<p align="center"><u>VENDOR BILLING INSTRUCTIONS:</u> See page 2 from GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider.</p>			
		TOTAL	

Authorized Signature

Date

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



Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.



Supportive Service**Procedures for Invoicing Dynamic Workforce Solutions**

Dear Vendor,

Please submit your invoice to MBaird@greencountryworks.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 Michelle Baird, Project accountant by email or phone 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
 - 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

Thank you,

Michelle Baird

Project Accountant

Dynamic Workforce Solutions

405-269-1481

MBaird@greencountryworks.org