

ITA #

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		Item	Amount
Tuition:	\$		Uniforms:	\$
Fees:	\$		Tools:	\$
Supplies:	\$		Books:	\$
Books:	\$		Other:	\$
			LESS: Other funding (NOT WIOA)	\$
			TOTAL	\$

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), 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/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 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