Grant Code: _____ Voucher No. _(Optional) ____ Amendment No. _____

Individual Training Account (ITA) Voucher (EXAMPLE)

The participant named below is eligible to receive Workforce Innovation and Opportunity Act (WIOA) funded training services identified in this voucher.

<u>W</u>	IOA SERVICE PROVIDER CONTACT INFORMATION			
One Stop:	Address:			
Staff Contact:	Phone Number:			
	PARTICIPANT			
Name:	Soc.Sec. # (or part of)			
Address:	Phone:			
	TRAINING INFORMATION			
Training Provider:				
Address:				
Contact Person:	Phone:			
Training Program:	Total Training Hours:			
Start Date:	Estimated Completion Date:			

COST CALCULATION

TRAINING COST	TOTAL	WIOA	PELL GRANT	OTHER FUNDS	
				AMOUNT	SOURCE
Tuition					
Registration Fee					
Books/Supplies					
Test/Application Fees					
Other: (list)					
TOTAL					

ITA Vouchers shall be paid or reimbursed using local system fiscal procedures.

SERVICE PROVIDER STAFF APPROVING THE ITA VOUCHER AND/OR PAYMENT

Signature of Service Provider Staff	Title	Date		
LOCAL USE ONLY				
Reimbursement Check/Purchase Order	Voucher Amount Payment Amount:	Payment to:		

TRAINING COST APPLICATION (EXAMPLE)

1. Date:	2. Participant Name:		3. Last 4 digits of SS#:				
Training Costs: NCCC allows payment of training costs off this application if the individual is enrolled in a training activity and the below costs are required for the training.							
4. Training Activity Code:	Funding Source:						
5. Training Needs (please check appropriate box and insert training expenditure amount:							
Required Fees	\$						
Required Books	\$						
Required Supplies	\$						
Test/Application Fees	\$						
Other (please note in box	6) \$						
6. Comments:							
7. Check or	Amount: \$						
Purchase Order Amount:							
8. Make Check or Purchase Order Payable to:							
9. Local Agency Use:							
10. Name of Case Manager:	11. Re	eviewed and Approved by	y:				