

COUNTY OF SANTA CRUZ
HUMAN SERVICES DEPARTMENT

INDIVIDUAL TRAINING ACCOUNT (ITA): INVOICE

Vendor Name: [] Invoice Date []
Mailing Address: [] Invoice Number []
City [] Contract Number []
State []
Zip Code []

Trainee Name: [] Social Security # []

TRAINING
Course Name: []
Total Course Hours []
Training Period [] through []
Total Amount Authorized by County: []

CLAIM

The above named Trainee has completed [] hours or []% of the above name training course. The following payment is requested in accordance with the terms of the contract.

Enrollment Payment [] 50% of Total
or
Midpoint Payment* [] 50% of Total
(Attach Progress Report. See instructions for details.)
Other Non-Tuition Costs [] Describe below
INVOICE TOTAL []

Description: Other Non-Tuition Costs:
[]

CERTIFICATION The above information represents an invoice for the agreed upon cost of training.
I hereby attest that all the information provided is true and correct.

Authorized Signature: [] *Date Submitted:* []

Prepared by: [] *Telephone No.:* []

SUBMIT INVOICE TO: County of Santa Cruz, Human Services Department
Attention: Accounts Payable
1040 Emeline Avenue, Santa Cruz, CA 95060

Reviewed by: []
Date: [] *Funding Source:* []

**COUNTY OF SANTA CRUZ
HUMAN SERVICES DEPARTMENT**

INDIVIDUAL TRAINING ACCOUNT (ITA): INVOICE

Please complete ALL sections of the ITA Invoice in accordance with the following procedures:

Vendor/Trainee Information:

Vendor Name/Address Complete business name and mailing address (Street, City, State, Zip Code)
Invoice Date Date the invoice is completed
Invoice Number Indicated by Vendor
Contract Number Not applicable at this time
Trainee Name Indicate the full name of the Trainee: Last Name, First Name, Middle Initial
Social Security Indicate Trainee's social security number

Course Information:

Course Name Official course name as outlined in Vendor's course catalog
Total Course Hours Total number of course hours scheduled for the course which the Trainee is expected to complete (critical for determining incremental payment points as described below)
Training Period Beginning and ending dates of course for which Trainee is enrolled and payment sought
Total Amount
Authorized by County Total dollar amount authorized for payment by WIA staff for training services provided to the Trainee per the *County of Santa Cruz WIA Employment Programs Individual Training Account Services VOUCHER*.

Fiscal/Claiming Data:

Number of Training Hours Completed or Percent of Course Completed Indicate the total number of training hours completed by the Trainee for which the Vendor is seeking reimbursement OR provide the percent of training hours completed by the Trainee compared to the total number of course hours.
The percentage provided, or the percentage calculated by dividing the number of training hours completed by the Trainee by the number of "total course hours" MUST EQUAL (in accordance with the Santa Cruz County WIB's Payment Policy for ITA's):

Enrollment Payment 50% of total authorized Registration and Tuition (per *ITA Services Voucher*)
Midpoint Payment 50% of total authorized Registration and Tuition (per *ITA Services Voucher*) OR
*Include a Progress Report with the invoice verifying that the participant has reached the midpoint of their training.

Other Non-Tuition Costs Identify NON-TUITION costs here for which reimbursement is sought, i.e., books, supplies, test or other materials. These costs are not subject to the 50%- 50% incremental payment policy but must be identified in the space provided and authorized per the *ITA Services Voucher*.

TOTAL INVOICE Add Enrollment or Midpoint orto Other Non Tuition costs claimed and enter the resulting sum. This is the Vendor's total reimbursement request.

Certification:

Invoices cannot be processed without the Vendor's acknowledgement, through an authorized signature, that all information provided within the invoice is true and correct.

Submit the completed and signed invoice, along with applicable verification documents, to:
County of Santa Cruz, Human Services Department
Attention: Accounts Payable
1040 Emeline Avenue, Santa Cruz, CA 95060