



## TRAINING GRANT INVOICE

INV 9-18-08

If you do not know your Training Provider (ETPL) ID, go to Help at the NYC Training Guide, [www.nyc.gov/trainingguide](http://www.nyc.gov/trainingguide), and request the ID number using the Contact Us form.

Enter for your internal use, an invoice number.

Training Provider Name

Training Provider ID

Training Provider Invoice Number

Individual Training Grant (ITG) and Trade Adjustment Act (TAA) payment claims and any required backup document must be accompanied by this invoice form, with each claim itemized below. The training provider assumes the responsibility for accurate and timely invoicing. The training provider must notify SBS of any changes to Direct Deposit or payment contact information. Submission of a claim does not imply in any way that the claim will be approved.

For information on payment claims procedures, visit the NYC Training Guide at [www.nyc.gov/trainingguide](http://www.nyc.gov/trainingguide). Questions concerning your claim should be directed to CVU at [validation@sbs.nyc.gov](mailto:validation@sbs.nyc.gov).

Mail the completed invoice and all attachments to:

**Central Validation Unit**  
**NYC Department of Small Business Services**  
**110 William Street, 8th Floor, New York, NY 10038**

Refer to the training grant voucher presented by the customer to determine the program type.

Program Type (select only one) ITG ☐ TAA ☐

Invoices may either be for milestone 1 or milestone 2, not both.

Milestone (select only one) M1 ☐ M2 ☐

If this invoice is a re-submission, then all claims listed below must be prior disapproved claims.

Check if re-submission ☐

Jobseeker Name		Voucher Authorization Number	Amount Claimed
Last	First		
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			

Refer to the Training Grant Voucher for the six digit Voucher Authorization Number

**Payment claims must be invoiced and submitted within 60 calendar days of the milestone achievement date to be valid for payment.**

Enter Total Number of Claims submitted: ▶

Enter Total Amount Claimed: ▶

**Training Provider Certification:** I certify that this Invoice and attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized Representative

Title

**SIGN HERE**  
Keep a copy for your records.

Signature

Date