

**REGION VI WIOA/ITA INVOICE –Revised 9/20/2021**

Training Provider Name and Address

Mail to: Region VI WDB Office

17 Middletown Road

White Hall, WV 26554

FEIN #: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Training Provider Invoice #: \_\_\_\_\_

Funding Source: \_\_\_\_\_  
(Adult OR Dislocated Worker)

**1<sup>st</sup> Year Enrollment** (Up to 100% of awarded funds: not to exceed \$6000)

PARTICIPANT	MACC ID#	SIGNATURE OF PARTICIPANT	AMOUNT

**Invoice Total** \_\_\_\_\_

I certify that the above WIOA Participants have completed an Individual Training Voucher and have attended at least one day of class or training as per the Region VI ITA Invoicing Policy and Procedure.

\_\_\_\_\_  
Training Provider

\_\_\_\_\_  
Date