

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)

2nd 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