



ITA #

Training Voucher Form

Issued through WOWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider.

Training Institution/Provider:	Fax:
Contact Person & Title:	Phone:
Mailing Address:	PID:
Participant Name:	

Funding Stream: Adult DLW Youth Other

WOWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider agrees to sponsor the above named student in the course(s) or program(s) listed below and pay the training costs listed (based on off-the-shelf catalog prices) for the time period of : _____ through _____. Refunds or returns for non-compliance must be made to WOWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service Provider.

Original Voucher

Modification _____ Explanation: _____

TRAINING		
Course #	Course Title	Hours

AUTHORIZED TRAINING COSTS				
Item	Amount		Item	Amount
Tuition:	\$		Uniforms:	\$
Fees:	\$		Tools:	\$
Supplies:	\$		Books:	\$
Books:	\$		Other:	\$
LESS: Other funding (NOT WIOA)				\$
TOTAL				\$

*As the recipient of Workforce Innovation & Opportunity Act (WIOA) Program assistance with tuition, books, fees or other required supplies, I hereby authorize the training institution listed above to release information regarding my attendance, grades, schedules, personal conduct and/or other information as needed to Western Oklahoma Workforce Development Board (WOWDB), WOWDB designated fiscal agent/WOWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider. Furthermore, **I will immediately return any books, tuition, supplies, tools or uniforms purchased to WOWDB/WOWDB designated fiscal agent/WOWDB WIOA Title I contracted service provider if I do not complete the course(s).***

Participant Signature and Date: _____

Designated Service Provider Staff Signature and Date: _____

Designated Service Provider Fiscal Agent Signature and Date: _____

VENDOR BILLING INSTRUCTIONS - See page 2 from WOWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider.





Procedures for Invoicing Dynamic Workforce Solutions

Dear Vendor,

Please submit your invoice to SPaccountant@wowdb.org within 30 days after the start date of training. If you have any invoicing questions, please contact Michelle Baird by email or telephone at 405-269- 1481.

Invoice Requirements:

- Standard Format - PDF, Word or Excel
- Vendor Name, Address, City, State, Zip Code and Phone Number
- Invoice Date
- Unique Invoice Number
- Participant - Student Name
- Detailed Description of Goods and/or Services
 - Tuition
 - Book(s)
 - Fee/License
- Total Amount Payable
- Remittance Information
 - Mailing Address
 - Attention to a Specific Person or Department

If you are unable to submit an email invoice, please send to the address below:

Thank you,

Michelle Baird, Project Accountant

Dynamic Workforce Solutions

Western Oklahoma Workforce

Office: 405-269-1481

Fax: 580-254-0140

1222 10th Street, Ste. 115

Woodward, OK. 73801

SPaccountant@wowdb.org