



**Western Oklahoma Workforce Development Board
Training Voucher Form**

ITA #

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			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: _____

