



Supportive Service Voucher

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

Vendor: _____ Voucher # _____

Contact Person: _____ Title: _____

Address: _____ Phone: _____

Email: _____ Fax: _____

ANY REFUNDS OR RETURNS FOR ITEMS OR NON-COMPLETION OF SERVICES, BY LAW, MUST BE MADE TO WOWDB WIOA TITLE I ADULT, DISLOCATED WORKER AND YOUTH PROGRAMS CONTRACTED SERVICE PROVIDER.

Participant Name: _____ PID # _____

ADULT DLW YOUTH

Quantity	Item or Service Description	Cost per Item	Total
<u>VENDOR BILLING INSTRUCTIONS:</u> See page 2 from WOWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider.			
			TOTAL

ANY OBVIOUS CHANGES, WHITE OUT, MARK THROUGH, ERASER MARKS, WRITE OVER, WILL VOID THIS VOUCHER

Authorized Signature: _____ Date: _____

Supportive Service

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 Tiffany Adams by email or phone at (443) 944-5928.

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,

Tiffany Adams, Fiscal Specialist

Dynamic Workforce Solutions
Western Oklahoma Workforce
Office: (443) 944-5928
1222 10TH Street, Suite 115
Woodward, OK 73801
SPaccountant@wowdb.org