

REGION VI WIOA/ITA INVOICE –Revised 1/8/2024

Training Provider Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Mail to: Region VI WDB Office

17 Middletown Road

White Hall, WV 26554

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

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

Funding Source: \_\_\_\_\_

(Adult OR Dislocated Worker)

**1<sup>st</sup> Year Enrollment**

PARTICIPANT	MACC ID#	SIGNATURE OF PARTICIPANT	AMOUNT *
[Redacted]			

\*up to 50% of 1<sup>st</sup> year awarded amount

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

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

\_\_\_\_\_  
Date