**REGION VI WIOA/ITA INVOICE –*Revised 3/22/2022***

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/Dislocated Worker/Youth)

## 1st Year Enrollment

| PARTICIPANT | MACC ID# | SIGNATURE OF PARTICIPANT | AMOUNT |
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**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**