

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

Training Provider Name and Address

Mail to: Region VI WDB Office
 17 Middletown Road
 White Hall, WV 26554

FEIN #: _____

Phone No.: _____

Training Provider Invoice #: _____
 Funding Source: _____
 (Adult OR Dislocated Worker)

2nd Year Enrollment

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

*up to 50% of 2nd year awarded amount

I hereby attest that the above WIOA Participant is enrolled “full time” in the original training program, making satisfactory academic progress, and still in good standing with the training institution as per the Region VI ITA Invoicing Policy and Procedure.

Training Provider

Date