REGION VI WIOA APPRENTICESHIP TRAINING ACCOUNT INVOICE

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)

PARTICIPANT	MACC ID#	SIGNATURE OF PARTICIPANT	AMOUNT

Invoice Total _____

I certify that the above is a complete list of WIOA Participants and that all of the above have completed an Apprenticeship Training Voucher and have started their training as stated on the Voucher.

_____ _____

Training Provider **Date**

Effective 3.22.22