

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)

(ONLINE CLASSES) AT ENROLLMENT

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

*up to 50% of 1st 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