

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)

(ONLINE CLASSES) AT MIDPOINT

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

*remainder of amount awarded

Total # of Clock Hours REQUIRED	Total # of Clock Hours COMPLETED *

* Attach computer generated printout of clock hours completed for verification

I hereby attest that the above WIOA Participant has completed at least 50% of their program clock hours required to complete as per the Region VI ITA Invoicing Policy and Procedure.

Training Provider

Date