

**REGION VI WIOA/ITA INVOICE –Revised 09/20/2021**

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**

Up to 50% of amount awarded: not to exceed \$3000

PARTICIPANT	MACC ID#	SIGNATURE OF PARTICIPANT	AMOUNT

**Invoice Total** \_\_\_\_\_

I certify that the above WIOA Participants have completed an Individual Training Voucher and have completed at least 50% of their program hours as per the Region VI ITA invoicing Policy and Procedure.

\_\_\_\_\_  
Training Provider

\_\_\_\_\_  
Date