

Grant Code: _____
 Voucher No. (Optional) _____
 Amendment No. _____

**Individual Training Account (ITA) Voucher
 (EXAMPLE)**

The participant named below is eligible to receive Workforce Innovation and Opportunity Act (WIOA) funded training services identified in this voucher.

WIOA SERVICE PROVIDER CONTACT INFORMATION

One Stop: _____ Address: _____

Staff Contact: _____ Phone Number: _____

PARTICIPANT

Name: _____ Soc.Sec. # (or part of) _____

Address: _____ Phone: _____

TRAINING INFORMATION

Training Provider: _____

Address: _____

Contact Person: _____ Phone: _____

Training Program: _____ Total Training Hours: _____

Start Date: _____ Estimated Completion Date: _____

COST CALCULATION

TRAINING COST	TOTAL	WIOA	PELL GRANT	OTHER FUNDS	
				AMOUNT	SOURCE
Tuition					
Registration Fee					
Books/Supplies					
Test/Application Fees					
Other: (list) _____					
TOTAL					

ITA Vouchers shall be paid or reimbursed using local system fiscal procedures.

SERVICE PROVIDER STAFF APPROVING THE ITA VOUCHER AND/OR PAYMENT

 Signature of Service Provider Staff Title Date

LOCAL USE ONLY		
<input type="checkbox"/> Reimbursement	Voucher Amount Payment Amount:	Payment to:
<input type="checkbox"/> Check/Purchase Order		

TRAINING COST APPLICATION (EXAMPLE)

1. Date:	2. Participant Name:	3. Last 4 digits of SS#:
<p>Training Costs: NCCC allows payment of training costs off this application if the individual is enrolled in a training activity and the below costs are required for the training.</p>		
4. Training Activity Code: _____ Funding Source: _____		
<p>5. Training Needs (please check appropriate box and insert training expenditure amount:</p> <p><input type="checkbox"/> Required Fees \$ _____</p> <p><input type="checkbox"/> Required Books \$ _____</p> <p><input type="checkbox"/> Required Supplies \$ _____</p> <p><input type="checkbox"/> Test/Application Fees \$ _____</p> <p><input type="checkbox"/> Other (please note in box 6) \$ _____</p>		
6. Comments:		
7. <input type="checkbox"/> Check or <input type="checkbox"/> Purchase Order Amount:	Amount: \$ _____	
8. Make Check or Purchase Order Payable to:		
9. Local Agency Use:		
10. Name of Case Manager:	11. Reviewed and Approved by:	