Exhibit A

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		
☐ Reimbursement ☐ Check/Purchase Order	Voucher Amount Payment Amount:	Payment to:

NCCC Training Activities and ITA Procedure
WIOA 9/2017

Grant Code: _____
Training Activity Code:_____

TRAINING COST APPLICATION
(EXAMPLE)

1. Date:	2. Participant Name:	3. Last 4 digits of SS#:

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.

4. Training Activity Code: _____   Funding Source: _____

5. Training Needs (please check appropriate box and insert training expenditure amount:

☐ Required Fees $_____

☐ Required Books $_____

☐ Required Supplies $_____

☐ Test/Application Fees $_____

☐ Other (please note in box 6) $_____

6. Comments:

7. ☐ Check or ☐ 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:

12. Procurement
  ☐ Two quotes obtained for each item, quotes attached to this application
  ☐ The vendor is on the local Vendor List.