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Rivers East
WORKFORCE DEVELOPMENT BOARD



WIOA Training Authorization/ITA Certificate

Participant Name: _____ State ID: _____

Voucher Control Number: 52

LA (2) County (2) Year (2) Voucher # (4) Provider (4)

Program: ISY Youth OSY Youth Adult DW Other: _____

Approved Training: _____

Expected Completion Date: _____ Applied for Pell? Yes No N/A

Semester: Spring Summer Fall Other: _____

NCWorks Career Center: _____ Training Provider: _____

Address: _____ Address: _____

Contact Person: _____ Contact Person: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Approved Services

Application/Registration	\$	Fees	\$
Tuition	\$	Supplies	\$
Books (required only)	\$	Other:	\$

Total Amount Approved: \$ _____ Written Amount: _____

This Voucher Certificate is approved and issued by: _____
Staff Printed Name

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Redemption of Voucher

The above-named individual has been determined eligible and is being referred for training services. If applicable, WIOA and the training provider will ensure that the eligible participants apply for federal grants (including Pell Grant) and ensure that double billing for identical training services does not occur for those recipients who receive federal financial aid.

To redeem: The training provider **MUST** return this voucher along with sufficient documentation to support the amount of money being requested for services rendered to the WIOA customer. **ITA Vouchers are only good for the program year in which they were authorized; all vouchers expire June 30th of each year if not submitted for payment. No payments will be made if a voucher is submitted after June 30th.**

Application/Registration	\$	Fees	\$
Tuition	\$	Supplies	\$
Books (required only)	\$	Other:	\$

Total Cost →
\$
← Total Cost

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____