

WIA TITLE IB INDIVIDUAL TRAINING ACCOUNT VOUCHER

Case Manager Name		Case Manager Phone
Customer's Name		SSN
Approved Length of Training _____ Hour _____ Weeks _____ Semesters		Circle One Adult Dislocated Worker
Approved Training Program		Activity Code
Training Begin Date	Training End Date	
Voucher Issue Date	Voucher Expiration Date	

COMPLETED BY CUSTOMER

I, the undersigned, understand WIA funds are not available to repay student loans and I alone will be responsible for repaying any such loans. I understand that I am financially responsible for any amounts due for the training program not specifically authorized by this voucher. I, hereby authorize the training institution to release attendance, progress reports and grades to the administrative of the Local Workforce Investment Board.

Signature Date

COMPLETED BY TRAINING PROVIDER

Training Provider Name
Training Provider Address

FOR PAYMENT: The provider section of this voucher must be completed and the original returned to the Local Area I Administrative Office at 1922 Main Great Bend, KS 67530 before the training begin date or it will be considered void. Invoices against this voucher will be submitted, in accordance with providers' regular scheduled billing cycle to the Local Area I Administrative Office. Vouchers are completed on a semester basis.

TOTAL COST OF TRAINING PROGRAM		FUNDING SOURCES/FINANCIAL AID	
EDUCATION RELATED EXPENSES		FUNDING FOR EDUCATION RELATED EXPENSES	
Tuition		WIA Voucher	
Fees		Pell Grant	
Books		Other, please explain _____	
Supplies		Other, please explain _____	
Other, please explain _____		Other, please explain _____	
Total		Total	
NON-EDUCATION RELATED EXPENSES		FUNDING FOR NON-EDUCATION RELATED EXPENSES	
Housing		Pell Grant	
Other, please explain _____		Other, please explain _____	
Other, please explain _____		Other, please explain _____	
Other, please explain _____		Other, please explain _____	
Total		Total	

By signing below the training provider agrees to the following: WIA funds are to be used for the costs itemized in this voucher **not covered** by other financial aid. The voucher will not cover classes previously failed by the customer. In the event, the customer is awarded/granted additional funding sources/financial aid, training provider will inform Local Area I Administrative Office of such awards/grants and reduce the amount charged against the voucher. The total amount of this voucher is subsequently reduced by the amount of the awards/grants. In accordance with WIA section 134(d)(4)(B), if a Pell Grant is subsequently awarded to the customer for training expenses after the issuance of this voucher and payment of WIA funds for such "education-related" expenses, the training provider will reimburse Local Area I for any WIA funds expended prior to receipt of the awards/grants. Reimbursement does not apply to that portion of the Pell Grant to be used for non-"education-related expenses." Training provider also agrees to notify Local Area I immediately if the above customer drops from the program or has other attendance problems. This voucher is not valid until the Local Area I Administrative Office signature is attained below. A copy of the fully executed voucher will be returned to the training provider.

Authorized Training Provider Signature Date

Print Name Title Phone Number

COMPLETED BY LOCAL AREA I ADMINISTRATIVE OFFICE

This Voucher certifies Local Workforce Investment Area I will pay for tuition, fees, books and supplies mandatory for the training program referenced above on behalf of the customer not to exceed the amounts itemized below. NOTE: This Voucher is not to exceed \$3,000.

Local Workforce Investment Area I
1922 Main
Great Bend, KS 67530
Phone: 620-792-7032
Fax: 620-792-5132

Tuition _____
Fees _____
Books _____
Supplies _____
Other _____
TOTAL VOUCHER _____

Local Workforce Investment Area I Signature/Title

Date