

WESTERN OKLAHOMA WORKFORCE DEVELOPMENT AREA

Individual Training Account Voucher

Issued through Choose an item.

ITA #

(Approved 11.28.2017)

Training Institution/Provider: _____ Fax: _____

Contact Person & Title: _____ Phone: _____

Mailing Address: _____

Participant Name: _____ ID#: _____

Funding Stream: _____

Choose an item., agrees to sponsor the above named student in the course(s) or program(s) listed below and pay the training costs listed (based on off-the-shelf prices) for the time period of: _____ - _____

TRAINING

Course #	Course Title	Hours

AUTHORIZED TRAINING COSTS

Items	Amount	Items	Amount
Tuition	\$	Uniforms	\$
Fees	\$	Tools:	\$
Supplies	\$	Books:	\$
Books	\$	Other:	\$
			TOTAL \$

As the recipient of Workforce Innovation & Opportunity Act (WIOA) Program assistance with tuition, books, fees, or other required supplies, I, _____, participant, hereby authorize the training institution listed above to release information regarding my attendance, grades, schedules, personal conduct and/or other information as needed to the Oklahoma Economic Development Authority (OEDA) and to Odle Management Group, LLC. I will immediately return any books, tuition, supplies, tools, or uniforms purchased to OEDA/Odle Management Group, LLC if I do not complete the course(s).

Participant Signature & Date: _____

Designated Fiscal Agent Signature & Date: _____

VENDOR BILLING INSTRUCTIONS:

Send original signed voucher with itemized invoices to
Choose an item.

ANY AND ALL REFUNDS OR RETURNS FOR NON-COMPLETION MUST BE MADE TO Choose an item.

Original Voucher

Modification #: _____ Rationale: _____

OBVIOUS CHANGES, WHITE OUT, MARK THROUGH, ERASER MARKS, WRITE OVER BY THE SCHOOL OR PARTICIPANT, VOIDS THIS VOUCHER

Equal Opportunity Employers/Program WIOA ~ Auxiliary aids available upon request for individuals with disabilities



11.28.2017

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