

TRAINING VOUCHER FORM

Training Institution/Provider: _____ Mod #: _____

Participant Name: _____ ID #: _____

WIOA Program/Funding Stream: TAA Adult DLW Other:

(WIOA Service Provider) 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 catalog prices) for the time period of: _____ through _____ . Refunds or returns for non-compliance will be made to (WIOA Service Provider).

Explanation if this is a Modification:

_____**TRAINING**

Course #	Course Title	Hours

AUTHORIZED TRAINING COSTS

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

As the recipient of Workforce Innovation & Opportunity Act (WIOA) Program assistance with tuition, books, fees, or other required supplies, I 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 (WIOA Service Provider) _____

Participant Signature_____
WIOA Service Provider Signature

Date: _____

Date: _____