WIA TRAINING ACCOUNT VOUCHER

TO: Institution Name

Business Office $

FROM: _____, Case Manager
Name of Agency

DATE:

SUBJECT: Verification of training funds through WIA Title I Programs.

This form shall serve as a voucher for payment, and to certify that the customer listed below is eligible for funding through WIA Title I Programs. Future funding is contingent upon the availability of funds and satisfactory progress made by the customer in achieving training objectives.

Funding is authorized for the following:

Type of Training:	
Length of Training:	
Semester:	
Year:	
and shall not exceed Maximum Funding of:	$
Customer Name:	
Social Security Number:	

I, _____, Case Manager, am responsible for the above mentioned participant's file. If you should have any questions, or need further assistance regarding this matter, please do not hesitate to call.

Effective: 12/16/03