

**Workforce Innovation and Opportunity Act (WIOA)
Individual Training Account (ITA)
Payment Authorization**

WIOA Staff Contact Information

Name: _____
Title: _____
Program: Adult Dislocated Worker Youth
Date: _____

Vendor Information

Name: _____
Address: _____
Phone Number: _____
Contact Person: _____

Training Information

Customer Name: _____
Training Program: _____
Semester: _____
Year: _____
Maximum Funding: _____

The above named customer is a participant in the Workforce Innovation and Opportunity Act (WIOA) program. If you have any questions, or need any assistance, please contact the WIOA staff contact named above.

Please send all invoices to:
Goodwill Industries of the Valleys
Workforce Development Accounts Payable
P.O. Box 6159
Roanoke, VA 24017

Program Manager Signature

Date

Program Manager Name (Printed)

Customer Signature

Date