EDAK 0766E

7/24/13

***WORKFORCE SERVICES***

**BILLING INVOICE/FUNDING AUTHORIZATION**

*To Receive Payment Invoice* **MUST** *Be Returned To Below Address by This Date***:** Date

Name

Street Address

City, State & Zip

**Client Name:** Client Name **Client ID:**WF1 #**Date:** Date

**Payment to:** Payment to **ATTN:** *ATTN*

**Provider Address:** Street Address

**City:** City **State:** State **Zip Code:** Zip **Phone:** Phone

**CHECK ONE OF EACH: ~OR~ CHECK ONE OF EACH:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROGRAM**  MFIP  DCPI  DWP | **SERVICE**  Employment Related  Education  Transportation  Housing  Childcare  Other |  | **PROGRAM**  WIA ADULT  WIA DW  STATE DW  SMEAD  VETERANS  TE Connectivity  Other: | **SERVICE**  WIA Certified Training  Other Training  Transportation  Employment Related |

**Counselor Signature** **Date:**

**Agency:** Agency

**Description of Expense:** Description

**Maximum Amount of Funding Allowed:** Funds **Actual Expenditures:** Expenditures

\*\*\*Funding is for authorized items ONLY. No refund on balance\*\*\*

**Payment Approved By:** **Date:**

Agency Supervisor