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