

Authorization for Billing & Payment

The participant listed below is a participant in the Workforce Innovation and Opportunity Act program with Virginia Career Works.

 This letter authorizes:

|  |  |
| --- | --- |
| **Training Provider:** |  |
| **Address:** |  |

to bill for tuition, books, approved fees and supplies as listed below:

|  |  |
| --- | --- |
| **Student Name:** |  |
| **S.S. # (last 4):** |  |
| **Phone #:** |  |
| **Address:** |  |
|  |  |

The student listed above has been approved for tuition and book fees as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Date(s)** | **Course or Description** | **Tuition** | **Books** | **Other** | **Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL APPROVED =** |  |
| **Please send invoice to:**  Virginia Career Works |

Thank you for your assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature Date

**Printed Name & Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_