

Case #  
Enrollment Date:

(SERVICE PROVIDER)  
(ADDRESS)  
Contact person:



TRAINING ACCOUNT PURCHASE ORDER

Name of Training Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

WIA Registrant: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name of WIB Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Training Period: \_\_\_\_\_ through \_\_\_\_\_ Program Year: \_\_\_\_\_

1. Training Description and Statement of Costs:

Table with 4 columns: Program Name, Program Number (If Applicable), Total Program Hours (If Applicable), Tuition Cost. Rows include a, b, c, d, Tuition Subtotal, Fees, Textbook/Equip. Fee, Total Amount.

- 2. Total Amount of Funding From Non-WIA Sources. Specify: \$ \_\_\_\_\_
3. WIA Funding Obligated for Tuition: \$ \_\_\_\_\_
4. WIA Funding Obligated for the Fees: \$ \_\_\_\_\_
5. WIA Funding Obligated for Textbooks/Equipment/Materials: \$ \_\_\_\_\_
6. Total Amount of WIA Funding Obligated Under This PO: \$ \_\_\_\_\_

NOTICE TO TRAINING PROVIDER

Training Provider understands that the total amount obligated in Line 6 may not cover all costs associated with the course of training to be undertaken by the WIA participant. Provider understands and agrees that the (SERVICE PROVIDER) is liable to Provider only for payment of the amount set forth in Line 6.

Provider must send invoice to the (SERVICE PROVIDER). The invoice must reference the WIA Registrant and WIB Counselor listed above. All attendance records, progress reports, and copy(ies) of any certificate(s) and/or credential(s) earned should be sent directly to the WIB Counselor above.

OAKLAND PRIVATE INDUSTRY COUNCIL, INC.

By: \_\_\_\_\_
Manager's Name
Manager of SERVICE PROVIDER

Date: \_\_\_\_\_

