

Case # : _____
 Enrollment Date: _____

WIA Funding DW _____ A _____

ITA WORKSHEET



ITA Established/Date of Transmittal: _____
 Name of Training Provider: _____
 Training Address: _____
 Phone: _____ Fax: _____
 Contact: _____ Phone: _____

WIA Registrant: _____ SSN: _____
 Name of WIB Counselor: _____ Phone: _____ Fax: _____
 PO Training Period: _____ through: _____ Program Year: _____

Program or Course Name	Total Course Hours (If Applicable)	Tuition Cost
a.		
b.		
c.		
d.		
	Tuition Subtotal	
	Fees	
	Other Expenses	
	Total Amount	

Is grant assistance from other sources (such as Pell) available to registrant? Yes No Explain: _____

1. Total Cost of Tuition:
 - a. Amount Obligated By WIB: \$ _____
 - b. Amount To Be Paid By WIA Registrant: \$ _____
 - c. Amount To Be Paid By Other Sources: Specify _____ \$ _____
2. Total Cost of Fee:
 - a. Amount Obligated By WIB: \$ _____
 - b. Amount To Be Paid By WIA Registrant: \$ _____
 - c. Amount To Be Paid By Other Sources: Specify _____ \$ _____
3. Total Cost of Other Expenses (Physicals/Permits/Tests/Textbooks/Equipments/Materials):
 List: _____
 - a. Amount Obligated By WIB: \$ _____
 - b. Amount To Be Paid By WIA Registrant: \$ _____
 - c. Amount To Be Paid By Other Sources: Specify _____ \$ _____
4. Total Amount To Be Paid By WIA Registrant: (1B+2B+3B) = _____ → \$ _____
5. Total Amount To Be Paid By Other Sources: (1C+2C+3C) = _____ → \$ _____
6. **Total Amount Obligated By WIB Under This PO: (1A+2A+3A) = _____ → \$ _____**

Client: _____ Date: _____
 Counselor: _____ Date: _____
 Manager: _____ Date: _____

