

WORKFORCE 1

TRAINING GRANT INVOICE

Training Provider Name

Training Provider ID

Enter for your internal use, an
invoice number.

Training Provider Invoice Number

Individual Training Grant (ITG) and Trade Adjustment Act (TAA) payment claims and any required backup document must be accompanied by this invoice form, with each claim itemized below. The training provider assumes the responsibility for accurate and timely invoicing. The training provider must notify SBS of any changes to Direct Deposit or payment contact information. Submission of a claim does not imply in any way that the claim will be approved.

For information on payment claims procedures, visit the NYC Training Guide at www.nyc.gov/trainingguide. Questions concerning your claim should be directed to CVU at validation@sbs.nyc.gov.

Mail the completed invoice and all attachments to:

**Central Validation Unit
NYC Department of Small Business Services
110 William Street, 8th Floor, New York, NY 10038**

Program Type (select only one) ITG TAA

Milestone (select only one) M1 M2

If this invoice is a re-submission, then all claims listed below must be prior disapproved claims.

Check if re-submission

Refer to the Training
Grant Voucher for the
six digit Voucher
Authorization Number

Jobseeker Name

Last

First

Voucher
Authorization
Number

Amount Claimed

**Payment claims
must be
invoiced and
submitted within
60 calendar days
of the milestone
achievement
date to be valid
for payment.**

Enter Total Number of Claims submitted:

Enter Total Amount Claimed:

Training Provider Certification: I certify that this Invoice and attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized Representative

Title

**SIGN HERE
Keep a copy for
your records.**

Signature

Date