



RIVERSIDE COUNTY ECONOMIC DEVELOPMENT AGENCY/
WORKFORCE DEVELOPMENT ACCOUNTING AND FINANCE DIVISION
3133 Mission Inn Ave.
Riverside, CA 92507
(951) 955-3345

Individual Training Account Voucher (ITAV) Terms, Conditions and Invoice Packet

This document is to provide the Training Provider with the terms and conditions associated with the enclosed Individual Training Account Voucher (ITAV). In addition, enclosed is the ITAV Invoice and ITAV Training verification forms required to receive reimbursement for training expenses related to the Riverside County Workforce Investment Act (WIA) Participant.

The Training Provider may invoice and receive payment in increments of fifty (50) percent at the halfway point in training hours and fifty (50) percent at completion. Any training less than two months or 320 hours will receive one hundred (100) percent payment upon completion. Exception to this applies to public post-secondary institutions (i.e. community colleges, universities, university extensions, adult schools, and adult regional occupation programs) that are required to receive full payment of tuition upon enrollment/registration of the participant with receipt of an invoice reimbursement form.

The forms listed below are required for reimbursement of training services.

- Individual Training Account Voucher (ITAV) Invoice form (FISCAL 448-15, A)
- Training Completion Verification form (FISCAL 448-15, B)

Signed invoice forms should be sent via mail to the Workforce Development Division/Accounting and Finance located at 3133 Mission Inn Avenue, Riverside, CA 92507. The Accounting and Finance will review the invoice and accompanying documentation to ensure the information is complete and accurate. If there are problems or questions about the invoice or documentation, the Accounting and Finance will contact the Training Provider. Once the Accounting and Finance signs off on the invoice, payment will be made to the Training Provider within six (6) weeks.

Additional Guidelines for the Training Provider:

- Training must begin within 30 days from the Individual Training Account Voucher start date. If start date is after 30 days of the authorized start date, the Individual Training Account Voucher is null and void and no payment will be made to the Training provider regardless of services provided.
- Any and all changes to the terms of the Individual Training Account Voucher must be approved by the Training Career Coach and Fiscal staff with updated signatures and dates.
- Training Provider is required to follow refund policy and procedures as established by the Riverside County Economic Development Agency/Workforce Development Division.
- Training Provider will be required to report all financial assistance received by the participant at time of invoice. If information is not provided, the invoice will be not be processed until information provided is adequate and approved by the Fiscal staff.
- Periodic progress reports (i.e., participant grades, standing, performance, competency achievement must be made available by the Training Provider to the Management Information Unit of the Workforce Development Division. Electronic reporting is the only method for complying with this request. Information on this process will be provided to the Training Provider via email once the participant is enrolled in the course.
- Training Provider must have a policy and procedure to resolve any issues and complaints from the participant.
- Workforce Development Division staff may periodically visit the participant to monitor progress.
- Final Invoice – Within 45 calendar days following the actual ITAV Completion/Drop Date, the Training Provider shall report and submit to the County all final claims for funds.

For questions concerning this ITA Voucher Invoice Packet please contact the Accounting and Finance Division at (951) 955-3345.



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Individual Training Account Voucher (ITAV) Invoice

Training Provider Name:		Invoice Date:	
Mailing Address:		Payment Request Type:	
City		<input type="checkbox"/> First 50% payment Hours completed ____ of total ____	
State		<input type="checkbox"/> Second 50% payment Hours completed ____ of total ____	
Zip Code		<input type="checkbox"/> 320 hours or less, 100% payment <input type="checkbox"/> Not Completed-Dropped Hours completed ____ of total ____	
		Purchase Order Number:	
Participant Name:		Social Security Number:	

ITEMIZED COSTS	Dollar Amount
Application/Registration	
Tuition	
Books/Supplies	
Lab Fees/Uniforms	
Physicals	
Description of other costs included	
TOTAL	

BREAKDOWN OF HOW TRAINING COSTS WILL BE MET	
	Dollar Amount
Financial Aid-Pell Grant	
Loans	
Other funding sources- Scholarships, and gifts	
ITA Voucher Amount	
Unmet Need/Customer's Responsibility	
TRAINING COST TOTAL	

School Approved Signatory:	
Signature:	
Printed Name:	
Date:	
Telephone Number:	

Submit Invoice to:	County Riverside Economic Development Agency/Workforce Development Attention: Accounting and Finance Division 3133 Mission Inn Avenue, Riverside, CA 92507 Phone number: 951.955.3345
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Individual Training Account Voucher (ITAV) Training Completion Verification

Training Provider Name:

Mailing Address:

City

State

Zip Code

Date:

Participant Name:

Social Security Number:

Name/Title of Training Course:

Training Course Completion Date:

The undersigned does hereby represent and warrant that the participant named above has successfully completed training and has been issued a certificate of completion that is attached to this form. In order to receive final training completion payment, Training Provider must complete this form and submit with final ITAV invoice form.

Training Provider Signature:	<input type="text"/>	Participant Signature:	<input type="text"/>
Printed Name:	<input type="text"/>	Printed Name:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>