



**COMMUNITY INVESTMENT DIVISION**



**Orange County Development Board**

**Individual Training Account Invoice**

1300 S. Grand Avenue, Bldg. B, 3rd Floor  
 Santa Ana, CA 92705  
 Phone: 714-480-6500  
 Email: ITA@occr.ocgov.com

Red flags provide helpful tips when cursor is placed over the cell:

Grant Codes are located on the ITA Obligation Form

PROVIDER INVOICE #  
 2  
 COUNTY INVOICE #  
 ITA- 3  
 AGREEMENT NO.  
 4  
 GRANT CODE  
 5

TRAINING PROVIDER NAME: 6  
 ADDRESS: 7  
 CITY: STATE: ZIP CODE:  
 CONTACT NAME: 8 PHONE NO.: 9 EMAIL: 10

Referring Agency: 11

**STUDENT AND TRAINING INFORMATION**

Training Provider	Training Program Name	Program ID No.		
12	13	14		
STUDENT NAME	ITA VOUCHER #	TRAINING DATE		BILLING AMOUNT
		START DATE	END DATE	
15	16	17	18	19

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the contract and that WIOA funds are not duplicating payments for the same services, training or subsistence cost already paid for through Educational Assistance Grants and/or loans. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date and that such funds have been held in a reserve fund or transmitted to local, State or Federal officials as required by appropriate laws. In the event a student appearing on this invoice does not complete the enrolled course, a refund will be owed to the County of Orange in accordance with the refund policy.

PROVIDER SIGNATURE: 20 DATE  
 PRINT NAME: 21 TITLE

**NEW FIELDS TO BE COMPLETED BY SCHOOL - INSURANCE** 22

Commercial General Liability	Automobile Liability	Worker's Comp/ Employers Liability
Effective Date:	Effective Date:	Effective Date:

**COUNTY USE ONLY**

ACCOUNTING CODE					(OCCR ACCTG USE ONLY)	
FUND	DEPT	BUDGET CTRL	UNIT	OBJ	JOB NO.	AMOUNT
146	012	146	2800	1900		
100	012	012	2800	1910		
MA #	DE #				VENDOR CODE #	
AUDITED BY / DATE:			REVIEWED BY / DATE:			

APPROVED BY CID: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

**INSTRUCTIONS**

- Please complete invoices in type format and mail hard copy original wet signature invoices to:  
**Community Investment Division**  
**Orange County Development Board**  
 1300 S. Grand Avenue, Bldg. B, 3rd Floor, Santa Ana, CA 92705  
 Attention: Individual Training Account Invoice  
 All inquiries regarding ITA invoice processing can be submitted to ITA@occr.ocgov.com.
- Provider Invoice #:** This is where you can indicate your unique identifying number for internal tracking.
- County Invoice # / ITA Voucher #:** (see ITA Voucher Form tab, Items 3 & 16). This field is for reference use only. Please reference this number when contacting the County about invoice or payment related inquiries. This number will auto-populate based on the ITA Voucher # entered into Item 16.
- Agreement No.:** Please identify the agreement number that is issued by the County and listed on the contract. This information helps in ensuring accuracy of record keeping and issuances of check for prompt payment.
- Grant Code:** (see ITA Voucher Form tab, Items 5 & 15). The grant code can be found on the top right hand corner of the ITA Voucher for the corresponding student/ participant.
- Training Provider Name:** Enter the name used on the W-9 form provided to the County, this name will also be listed on the contract.
- Address:** Enter the address used on the W-9 form provided to the County.
- Contact Name:** The person who should be contacted in the event there are questions or changes to the invoice.
- Phone No.:** The phone number of the person who should be contacted in the event there are questions or changes to the invoice.
- Email:** The email of the person who should be contacted in the event there are questions or changes to the invoice.
- Referring Agency:** (see ITA Voucher Form tab, Items 11 & 15). The referring agency can be found on the ITA Voucher (listed as, One-Stop Center).
- Training Provider:** (see ITA Voucher Form tab, Items 12 & 15) (also see Website References tab for ATPD) This name may not match Item 6, such as those Providers who have dba's. Enter the name listed on the Approved Training Partner Directory (ATPD) or it can be found on the ITA Voucher.
- Training Program Name:** (see ITA Voucher Form tab, Items 13 & 15) (also see Website References tab for ATPD) Enter the name listed on the Approved Training Partner Directory (ATPD) under title or it can be found on the ITA Voucher.
- Program ID No.:** (see ITA Voucher Form tab, Items 14 & 15) (also see Website References tab for ATPD) Enter the assigned code listed on the Approved Training Partner Directory (ATPD) or it can be found on the ITA Voucher.
- Student Name:** (see ITA Voucher Form tab, Item 15). Enter the name provided on the ITA Voucher, under participant name.
- County Invoice # / ITA Voucher #:** (see ITA Voucher Form tab, Items 3 & 16). This field is for reference use only. Please reference this number when contacting the County about invoice or payment related inquiries. This number will auto populate based on the ITA Voucher # entered into Item 16.
- Training Date:** (see ITA Voucher Form tab, Items 17 & 18). Enter dates listed on ITA Voucher. If actual dates are different the ITA Voucher must be adjusted by One-Stop Center Case Manager before Invoice can be processed for payment.
- Billing Amount:** (see ITA Voucher Form tab, Item 19) Enter total listed on ITA Voucher. If cost is prorated the ITA Voucher must be adjusted by One-Stop Center Case Manager to prepare payment process.
- Provider Signature Print Name:** (see Authorized Signature Form tab). Only authorized signatures that have been submitted on the Authorized Signature Form are eligible to sign invoices. If the staff who was authorized has changed you will need to resubmit a new form with wet signatures with the invoice.
- Insurance:** (see Insurance Requirements tab). Three insurance types: Commercial; Automobile; and, Worker's Comp / Employers Liability are required by the terms of the agreement to be current or have an active waiver on file with County CEO Risk Management. Please enter expiration dates. If waiver on file indicate "waiver" in each field. If your insurance is expired or soon to expire please submit your updated insurance forms.

ATTACHMENT B



# ITA

**Orange County Development Board  
Individual Training Account Authorization**

ITA Voucher Grant Code **3** **16**  
**5**

ITA  VTR  
SSN (last 4 digits):

Participant Name: **15**

One-Stop Center: **11**

Training Provider <b>12</b>	City	State	Zip
Address	Contact Person <b>8</b>		
Phone <b>9</b>			
Training Program <b>13</b>			
Training Dates From <b>17</b>	To <b>18</b>	Program ID No. <b>14</b>	
Total Training Hours			
Total Training Cost			

NOTE: All tuition, enrollment fees, books, supplies and materials specifically required for the course(s) are included in the total cost of the training. An itemized list showing price and hours must be attached to this document.

I, \_\_\_\_\_, understand that this ITA authorization covers the cost of tuition, enrollment fees, books, supplies and materials required for this program through the training completion date indicated above. If my training extends beyond the end date of this program's funding period ( \_\_\_\_\_ ) and the end date of this school's service agreement, I am aware that I may be responsible for any charges incurred after the end date and agree to pay such charges. Further, I authorize all parties to this ITA to release such information as necessary to validate completion of training and placement or costs associated with such training.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff's Signature \_\_\_\_\_ Date \_\_\_\_\_

One-Stop Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

One-Stop Supervisor has verified that training course has been published on the OCDB "Approved Training Partner Directory" (ATPD)

**APPROVED CLASS SCHEDULE (To be filled out by Training Provider):**

If class schedule and start/end dates have not yet been published by the training provider, indicate "TBA" (To Be Announced) in these sections. The client must consult with Training Provider to update this training plan for the upcoming term prior to the ending of current term.

Training Provider is responsible for insuring that the class is currently approved by the OCDB and is listed on the current OCDB "Approved Training Partner Directory" (ATPD)

Start Date	Number of Course Hours/Weeks	Schedule	Instructor

**TRAINING PROVIDER INVOICE STATEMENT:**

The training provider agrees to invoice a true and correct accounting of fees due as a result of this authorization and that no further charges associated with same will be accrued without prior approval of the Orange County Development Board. It is further agreed that all eligible grant payments (i.e. PELL, state grants, etc.) must be applied against invoices. INVOICES MUST BE SUBMITTED FOR PAYMENT TO OCDB 10 DAYS AFTER PARTICIPANT BEGINS TRAINING

(1) TOTAL TRAINING COST \$ \_\_\_\_\_

(2) FINANCIAL AID/CREDIT (Type(s) of Financial Aid to be received (i.e. Pell, Veteran's Benefits, SEOG, other)) \$ \_\_\_\_\_

PELL GRANT \$ \_\_\_\_\_

TOTAL FINANCIAL AID/CREDIT \$ \_\_\_\_\_

(3) TOTAL (ITA) COST (SUBTRACT LINE ONE FROM LINE TWO) \$ \_\_\_\_\_

AMOUNT DUE \$ \_\_\_\_\_ **19**

COMMENTS \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

**20**

Revised 12/1/16

The ITA Voucher is a source document used for information that will help you complete the invoice. Item numbers on this worksheet correspond with the Item numbers on the Invoice Instructions sheet.

- 3** County Invoice and Voucher #:  
Please reference this number when contacting the County about invoice or payment related inquiries.
- 16**
- 5** Grant Code:  
The grant code is used to determine the funding associated with a project.
- 8** Contact Name:  
The person who should be contacted in the event there are questions or changes to the invoice.
- 9** Phone No.:  
The phone number of the person who should be contacted in the event there are questions or changes to the invoice.
- 10** Email:  
The email address of the person who should be contacted in the event there are questions or changes to the invoice.
- 11** Referring Agency:  
*(also see Website References tab for One-Stop locations)*  
The referring agency is the One-Stop Center Agency and Location that the client is enrolled in the ITA or VTR program. For more information about One-Stop Locations visit [www.ocboard.org](http://www.ocboard.org)
- 12** Training Provider:  
*(also see Website References tab for ATPD)*  
This name may not match Item 6 of the invoice, such as those Providers that have a doing-business-as (dba) name. Enter the name listed on the Approved Training Partner Directory (ATPD).
- 13** Training Program Name:  
*(also see Website References tab for ATPD)*  
Enter the name listed on the Approved Training Partner Directory (ATPD) under title.
- 14** Program ID No.:  
*(also see Website References tab for ATPD)*  
Enter the assigned code listed on the Approved Training Partner Directory (ATPD).
- 15** Student Name:  
The name entered on the voucher must match the invoice in order to process payments.
- 17** Training Dates:  
The dates entered on the voucher must match the invoice in order to process payments. If actual dates are different, then ITA Voucher must be adjusted by the assigned One-Stop Center Case Manager of the student before an Invoice can be processed for payment.
- 18**
- 19** Billing Amount:  
Total listed on ITA Voucher must match the invoice in order to process payments. If cost is prorated, then ITA Voucher must be adjusted by One-Stop Center Case Manager to prepare payment process.
- 20** Provider Signature Print Name:  
*(see Authorized Signature Form tab)*  
Only authorized signatures that have been submitted are eligible to sign ITA Voucher forms and invoices.
- 21**

**Individual Training Account (ITA)  
 Reconciliation Report Quarter-1  
 PY 18-19**

**Sample School**  
 WIOA/CW ITA-VTR 15-19-0XX

		Referring Agency							
No.	Student	Grant	ITA#		Class Dates	Total Cost	Status		
1	Adams, Brian	501	5555	OSC GG	06.25.18-03.24.19	\$ 2,535.00	Invoice rec'd and Paid		<input type="checkbox"/>
2	Evans, Drake	501	5556	OSC GG	06.25.18-06.16.19	\$ 6,180.00	Invoice rec'd and Paid		<input type="checkbox"/>
3	Evans, Drake	501	5556	OSC GG	06.25.18-06.16.19	\$ (5,180.00)	Refund Request Submitted not rec'd by OCDB		<input type="checkbox"/>
4	Cox, Courtney	501	5557	OSC Irvine	06.25.18-06.16.19	\$ 5,105.00	Invoice rec'd and submitted to Accounting		<input type="checkbox"/>
5	Fox, Gina	501	5558	OSC GG	06.25.18-06.16.19	\$ 6,180.00	Invoice rec'd and Paid		<input type="checkbox"/>
6	Fox, Gina	501	5558	OSC Irvine	07.09.18-06.16.19	\$ (5,180.00)	Refund Received		<input type="checkbox"/>
7	June, Kris	501	5560	OSC GG	07.30.18-06.16.19	\$ 7,175.00	Invoice not rec'd by OCDB		<input type="checkbox"/>
8	Landon, Mark	501	5561	OSC Irvine	08.06.18-06.16.19	\$ 3,335.00	Invoice not rec'd by OCDB		<input type="checkbox"/>

Insurance Compliance:

Commercial: 8/23/2019  
 Automobile: waiver on file  
 Workers' Comp/Employers Liability: 8/23/2019  
 Total Obligated ITA Cost \$ 42,065.00

**Additions and Corrections**

Please identify any discrepancies of the information above or missing students by including all requested information below:

		Referring Agency							
No.	Student	Grant	ITA#		Class Dates	Total Cost	Comments		
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

\_\_\_\_\_  
 Signature  
 Name and Title

\_\_\_\_\_  
 Date

**INSTRUCTIONS**

The Reconciliation Report will be issued on a quarterly basis to monitor referral and payment information and ensure timely payments and refunds.

Review the information provided on each referred student. Identify any discrepancies of reported information in the fields available under Additions and Corrections section of the report. Please provide back up documentation of these in the email with the completed report to ITA @occr.ocgov.com.

Once the report is reconciled without additions and corrections, please complete the Reconciliation Report by selecting all the check boxes and then print, sign, and date the report. Submit a PDF copy of the signed report to ITA@occr.ocgov.com.