

COUNTY OF SANTA CRUZ
HUMAN RESOURCES AGENCY

INDIVIDUAL TRAINING ACCOUNT (ITA): INVOICE

Vendor Name:
Mailing Address:

City
State
Zip Code

Invoice Date
Invoice Number
Contract Number

Trainee Name:

Social Security #

TRAINING

Course Name
Total Course Hours
Training Period

through

Total Amount Authorized by County:

CLAIM

The above named Trainee has completed _____ hours or _____ % of the above named training course.
The following payment is requested in accordance with the terms of the contract.

Enrollment Payment	40% of Total
or	
Midpoint Payment	50% of Total
or	
Training Related Placement Payment	10% of Total
Other Non-Tuition Costs	Describe below

INVOICE TOTAL

Description: Other Non-Tuition Costs:

CERTIFICATION

The above information represents an invoice for the agreed upon cost of training.
I hereby attest that all the information provided is true and correct.

Authorized Signature:

Date Submitted:

Prepared by:

Telephone No.

SUBMIT INVOICE TO:

County of Santa Cruz, Human Resources Agency
Attention: Ernie Marquez, FC12
1000 Emeline Avenue, Santa Cruz, CA 95006

Reviewed by:

Date:

Funding Source:

COUNTY OF SANTA CRUZ
HUMAN RESOURCES AGENCY

INDIVIDUAL TRAINING ACCOUNT (ITA): INVOICE

Please complete ALL sections of the ITA Invoice in accordance with the following procedures:

Vendor/Trainee Information:

Vendor Name/Address Complete business name and mailing address (Street, City, State, Zip Code)
Invoice Date Date the invoice is completed
Invoice Number Indicated by Vendor
Contract Number Not applicable at this time
Trainee Name Indicate the full name of the Trainee: Last Name, First Name, Middle Initial
Social Security Indicate Trainee's social security number

Course Information:

Course Name Official course name as outlined in Vendor's course catalog
Total Course Hours Total number of course hours scheduled for the course which the Trainee is expected to complete (critical for determining incremental payment points as described below)
Training Period Beginning and ending dates of course for which Trainee is enrolled and payment sought
Total Amount
Authorized by County Total dollar amount authorized for payment by CareerWorks staff for training services provided to the Trainee per the *County of Santa Cruz CareerWorks Employment Programs Individual Training Account Services VOUCHER*.

Fiscal/Claiming Data:

Number of Training Hours Completed or Percent of Course Completed Indicate the total number of training hours completed by the Trainee for which the Vendor is seeking reimbursement OR provide the percent of training hours completed by the Trainee compared to the total number of course hours.
The percentage provided, or the percentage calculated by dividing the number of training hours completed by the Trainee by the number of "total course hours" MUST EQUAL (in accordance with the Santa Cruz County WIB's Payment Policy for ITA's):

Enrollment Payment 40% of total authorized Registration and Tuition (per *ITA Services Voucher*) OR
Midpoint Payment 50% of total authorized Registration and Tuition (per *ITA Services Voucher*) OR
Placement Payment 10% of total authorized Registration and Tuition (per *ITA Services Voucher*)

Claims submitted for the final Placement payment must be accompanied by verification that the Trainee has been placed in a training-related job.

Suitable verification **must** include: Certificate/Diploma Copy

Other Non-Tuition Costs Identify NON-TUITION costs here for which reimbursement is sought, i.e., books, supplies, test or other materials. These costs are not subject to the 40-50-10% incremental payment policy but must be identified in the space provided and authorized per the *ITA Services Voucher*.

TOTAL INVOICE Add Enrollment or Midpoint or Placement Payment to Other Non-Tuition Costs claimed and enter the resulting sum. This is the Vendor's total reimbursement request.

Certification:

Invoices cannot be processed without the Vendor's acknowledgement, through an authorized signature, that all information provided within the invoice is true and correct.

Submit the completed and signed invoice, along with applicable verification documents, to:

County of Santa Cruz, Human Resources Agency
Attention: Ernie Marquez, FC12
1000 Emeline Avenue, Santa Cruz, CA 95006