



**INDIVIDUAL TRAINING ACCOUNT
 BILLING FORM**

1740 PASEO BLVD
 KANSAS CITY, MO 64108

SECTION A. (PLEASE PRINT OR TYPE)

1. NAME OF PARTICIPANT	(LAST)	(FIRST)	(INITIAL)
2. TRAINING INSTITUTION			
3. INSTITUTION ADDRESS			
CITY	STATE	ZIP CODE	
4. RECORD NUMBER		5. SOCIAL SECURITY NUMBER	

SECTION B.	SECTION C.												
1. BILLING PERIOD START END	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1. TOTAL TUITION BILLED</td> <td style="width:10%; text-align:center;">\$</td> <td style="width:20%;"></td> </tr> <tr> <td>2. TOTAL FEES BILLED</td> <td style="text-align:center;">\$</td> <td></td> </tr> <tr> <td>3. TOTAL SUPPLIES BILLED</td> <td style="text-align:center;">\$</td> <td></td> </tr> <tr> <td>4. TOTAL COST BILLED</td> <td style="text-align:center;">\$</td> <td></td> </tr> </table>	1. TOTAL TUITION BILLED	\$		2. TOTAL FEES BILLED	\$		3. TOTAL SUPPLIES BILLED	\$		4. TOTAL COST BILLED	\$	
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3. TOTAL SUPPLIES BILLED	\$												
4. TOTAL COST BILLED	\$												
NOTE: When submitting WIA billings to : 97 the following must be adhered to. “The school may only bill for <i>actual</i> costs incurred. DOCUMENTATION IS REQUIRED FOR ALL EXPENSES AND MUST BE ATTACHED TO : 97!+5!6 : .”													

I CERTIFY THAT THE INFORMATION REPORTED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNATURE	DATE
PRINT NAME	TELEPHONE NUMBER

SECTION D. THIS SECTION TO BE COMPLETED BY THE : -67 5 @8 9 D5 FHA 9 BH

<input style="width:40px; height:30px;" type="checkbox"/> 1 – CORRECTION <input style="width:40px; height:30px;" type="checkbox"/> 2 – UPDATE	<input style="width:40px; height:30px;" type="checkbox"/> <input style="width:40px; height:30px;" type="checkbox"/> BILLING MONTH
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