

ECONOMIC DEVELOPMENT AGENCY  
PAYMENT AUTHORIZATION FORM  
WIA PARTICIPANTS

Participant Name: \_\_\_\_\_ Approval Number: \_\_\_\_\_  
 SSN: (Last 4 Digits only) \_\_\_\_\_ Vendor ID #: \_\_\_\_\_  
 Enrollment Date: \_\_\_\_\_ Payment Payable to: \_\_\_\_\_  
 Funding Source / Location: \_\_\_\_\_

Amount: \_\_\_\_\_  Check  
 Date Approved: \_\_\_\_\_ Title \_\_\_\_\_ Signatures: \_\_\_\_\_  
 \_\_\_\_\_ Project Representative: \_\_\_\_\_  
 \_\_\_\_\_ Senior Dev. Specialist (\$2,500.00 and Below) \_\_\_\_\_  
 \_\_\_\_\_ Principal or Above: \_\_\_\_\_

Services (Check One)  
 Non-Contractual ITA  Individual Training Account  
 On the Job Training  Support Services  
 Needs Related

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**FOR FISCAL USE ONLY:** Fund - 21550 Dept ID - 1900300000

Invoice Information:  
 Invoice Number: \_\_\_\_\_  Verified in Tracking Spreadsheet

Invoice Date: \_\_\_\_\_

Description: \_\_\_\_\_

GL Account	Grant Code	CC	Loc	Contract	Amount

Voucher Number: \_\_\_\_\_ Date: \_\_\_\_\_

MIP Batch Number: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Coder: \_\_\_\_\_ Date: \_\_\_\_\_

Data Entered Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_