COLUMBIA GREENE WORKFORCE INVESTMENT OFFICE SHORT TERM PRE-VOCATIONAL OR EDUCATIONAL SUPPLIES VOUCHER

Participant Name:		Student ID#	
Address:	•	Phone #:	App. Date:
City: State:	Ζίρ:	WIO Representative:	Phone:
		÷.	
School:		Funding Category (circle o	ne):
		Pre-Voc Ed	Educational Supply
School Address:		Funding Title (circle one): WIOA Title I-Dislocated Worker	
		WIOA Title I—Adult Other:	
		TAA	
School Phone:	School Contact Person:	Semester:	Other Time Frame:
School Fhorie.	. Conton Contact i Ciscin.	Comescor.	
The above named person the Columbia-Greene Wolisted below.	has been determined eligit orkforce investment Office.	ple and is being referred for Please permit this perso	a class and/or exam through n to register for the service
Course or Degree Title	Any Special Description/Re	equirements/Restrictions	Start/End Dates
	•	. •	·
1	••		
	•		. : .
Total Fees:	• •	•	• _
Total Fees.			
payable to this agency ba used only for services liste This voucher must be sig	sed on refund schedule particle of above and only for the particle.	ublished in the school's ca articipant listed above durin acy representative to be va	udent's withdrawal must be atalog. This voucher can be ig the time frame authorized. alid. Any alterations to this
number, email address, gra Greene Community College	ades, and financial aid awa e for the purpose of determ The student understands fo arty to whom the information ften consent unless specif	on is disclosed will not re-d	fment Office at Columbia- The information may be ation may be disclosed only disclose the information to
.Workforce Investment Office F	Representative	Dafe:	Phone #:
Student:		Dafe:	
		ent is not valid without a	
Invoices for the payment of tu documentation should be mail		a copy of this signed voucher	. Invoices and supporting
Columbia-Greene Workforce Investment Office, 4400 Route 23, Hudson, NY 12534			