

Enrollee Training/Conference Authorization and Payment Request

I. IDENTIFICATION

Enrollee Name (Legal Name)

Six Digit Project #

Enrollee Office Phone #

Ext. #

II. PAYMENT REQUEST

*It is the responsibility of the Participant to register for the training / conference.
Please attach documentation or other information relating to the training / conference.*

Training / Conference: _____

Date(s): _____

Location: _____

Contact Phone: _____

Fax: _____

Pay in Advance*

Vendor Will Bill

Bill Attached

Paid Receipt Attached

* It is the enrollee's responsibility to confirm that payment was received.

Payment Due by: _____

Amount Due: \$ _____

Make Check Payable to: _____

Send Check to: _____

Other: _____

Send this completed form with appropriate documentation to:

A/P Specialist

NOWCC

3811 N Fairfax Dr #900

Arlington, VA 22203

FAXES WILL NOT BE ACCEPTED.

Payments require approximately fourteen (14) business days from date of receipt to process. Please, submit requests in a timely manner.

III. APPROVALS

*I authorize the above enrollee to attend the training / conference as listed above and confirm sufficient funds are
in position budget the above referenced enrollee's to pay for this expenditure.*

Agency Authorized Signature

Date

Agency Authorized Signatory Name (Please print)