

**SEE
PROGRAM**

National
Older
Worker
Career
Center

**TRAINING/CONFERENCE AUTHORIZATION
AND
PAYMENT REQUEST**

Payments require approximately fourteen (14) business days from date of receipt to process. Please submit requests in a timely manner. NO FAXES WILL BE ACCEPTED.

AUTHORIZATION

Enrollee Name: _____ Six Digit Project/Site # _____
(Please Print)

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

Monitor Signature: _____ Date: _____

Please print name: _____

PAYMENT REQUEST

*It is the responsibility of the Enrollee 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 responsibility of the enrollee to confirm payment was received.*

Payment due by: _____ Amount \$ _____

Make check payable to: _____

Send check to: _____

Other: _____

Send this completed form with appropriate documentation to: Delma Hamlett

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