

Enrollee Training/Conference Authorization and Payment Request

I. IDENTIFICATION

Enrollee 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)