ITG MILESTONE 2 CERTIFICATION of COMPLETION

CVU-M2712008

Training Provider Name	
Training Provider ID	Help
Training Provider Invoice Number	Help

Clear All

In order to process your claim for Milestone #2 Completion of Training:

- Complete the sections below
- Attach a copy of the Certificate of Completion issued to the customer for completion of the program/course.
- Complete an SBS Training Provider ITG Invoice form

Claim must be received by the SBS Central Validation Unit within 60 days of the training completion date indicated. See the SBS training provider ITG Invoice form for mailing instructions.

All claims are subject to review by the SBS Central Validation Unit (CVU). Submission of a claim does not imply in any way that the CVU will approve the claim. Questions concerning your claim should be directed to CVU at validation@sbs.nyc.gov.

Section A - Customer Certification

Customer Name	*(First Name)*	*(Last Name)*
Voucher Authorization Number		
Program/Course Name		

I certify that I, the above named customer, successfully completed training in the above Program/Course on: _____ *(Enter Date of Completion)*

I further certify that I been issued the attached Certificate of Completion.

Signature _____ Date _____

Section B - Training Provider Certification

I certify that the above named customer has successfully completed training in the above Program/Course and a copy of the Certificate of Completion issued to the above named customer is attached. I further certify that this Claim and the Certificate of Completion are to the best of my knowledge and belief true, correct, and complete.

Authorized Representative	*(First Name)*	*(Last Name)*
Title		
Telephone Number		

Signature _____ Date _____