



CONTACT INFORMATION FOR INVOICE CLAIMS AND PAYMENT NOTIFICATIONS

The following requested information is intended to facilitate your compliance with changes to the Individual Training Grant Milestone Claims procedures effective July 1, 2008. All claim validation results and payment notifications will be sent to the persons and email addresses listed below. The addresses you provide should be a secure point of contact, not subject to change and accessible only to parties within your organization that require payment-related information.

For additional information on the changes to the milestone payment process, read the attached Payment Procedures for Individual Training Grant Milestone Claims. If you have any questions regarding the new procedures for milestone payment claims, contact SBS at validation@sbs.nyc.gov.

1. Training Provider ETPL ID Number
2. Training Provider Organization Name
3. Administrative Address
4. Authorized Representative - **You must provide at least one contact person and email address**

Authorized Representative Name

Title

Email Address

Telephone Number *ext.*

Authorized Representative Name

Title

Email Address

Telephone Number *ext.*