ITG INVOICE

CVU-INV8152008

Training Provider Name		
Training Provider ID		Help
Training Provider Invoice Number		Help
Email Address		

Clear All

Help Select Milestone

M1 ☐ M2 ☐

FOR INDIVIDUAL TRAINING GRANT (ITG) USE ONLY

Each claim submitted with this invoice must be for either milestone 1 or milestone 2. In order to process your claim, submissions must:

- Be accompanied by the appropriate supporting documentation:
  - Milestone 1 -- the Original Training Grant Voucher (with the certification section completed and signed)
  - Milestone 2 -- the Certification of Completion Form and copy of the Certificate of Completion issued to the customer
- Be received by the SBS Central Validation Unit (CVU) within 60 days of the date of the Milestone 1 or Milestone 2 achievement

All claims are subject to review by CVU. Submission of a claim does not imply in any way that the claim will be approved. Questions concerning your claim should be directed to CVU at validation@sbs.nyc.gov. SBS will send all determinations related to the claim to the e-mail address stated above. If any of the contact information and/or Electronic Fund Transfer information changes, the training provider must notify CVU at validation@sbs.nyc.gov. Otherwise, payments to training provider may be delayed.

Mail the completed Invoice and all attachments to:

Central Validation Unit
NYC Department of Small Business Services
110 William Street, 8th Floor
New York, NY 10038

Help

	Jobseeker Name		Voucher Authorization Number	Amount Claimed
	Last	First		
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				

Enter Total Number of Claims submitted: ☐ *Enter Total Amount Claimed:* ☐

Certification: I certify that this Invoice and attachments are to the best of my knowledge and belief true, correct, and complete.

Training Provider Authorized Representative		*Title*	
Signature of Authorized Representative		*Date*	