

WORKFORCE SERVICES

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TRADE ADJUSTMENT ASSISTANCE

AUTHORIZATION FOR REQUIRED TRAINING SUPPLIES, BOOKS, FEES

PART 1: Completed by DLR Staff

Participant Name: _____

Date of Issue: ____/____/____ Expiration Date: ____/____/____

DLR Staff Name: _____ Email: _____@state.sd.us

Tel: (____) ____ - ____ Office Address: _____

Required for Training (please check the box next to each required item and follow instructions):

Books: Attach a required book list associated with required classes.

Fees (not covered under tuition) Explain fees: _____

Supplies: Itemize and explain need: _____

Check one: Reimburse Participant based on receipts.

Pay to Provider/Vendor based on billing statement or invoice.

DLR Authorization: Signature authorizes the purchase outlined above

Authorizing DLR Staff Signature: _____ Date: ____/____/____

Please Sign in Blue Ink

Part 2: PROVIDER/VENDOR

Reimbursement to participant does not require Part 2 to be completed.

(Note: All Direct purchases by DLR to the Vendor are Tax Exempt and not refundable to participants)

Provider/Vendor Name: _____

Provider/Vendor Address: _____

Instructions for Payment:

- Please include the following information on receipt(s):
 - o Company Name
 - o Itemized list of purchases and amounts for each item
 - o Total Cost
- Provider send bill/invoice to the address above (part 1), ATTN DLR staff.

PARTICIPANT RESPONSIBILITIES

- Picture I.D. or phone verification required before purchase.
- When you are given an Authorization, you must show your valid ID to the provider.
- Authorized purchase must be approved by DLR staff in advance of the expenditure.
- Authorized Purchases may only be provided when it is necessary to enable individuals to participate in training services as identified in the Employment Plan.
- I will not use this credit for purchases other than outlined in the above authorization.
- If requesting reimbursement, I have discussed the purchase with DLR staff and agree to supply required proof of purchase to DLR.

By signing below, I agree to the terms listed above. I also acknowledge any financial support I receive is subject to overpayment (See [Overpayment](#) Policy 5.95)

Participant's Signature: _____ DATE: ____/____/____