**HCA TRAINING ACCOUNT PURCHASE VOUCHER**

|  |  |
| --- | --- |
| Date Issued: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor: |  | Fed Tax ID: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| City State, Zip |  |

|  |  |
| --- | --- |
| Voucher valid until: |  |

**To Vendor: This voucher is to fund goods and services approved for training under the Healthcare Careers for All Program and may not be redeemed for purchase of any goods/services other than the items listed below. Bill if Financial Aid not available. Pell Grant funding must be used first. Please ask for Identification from purchaser. Not valid for the purchase of alcohol and tobacco products. Your invoice must be received within 30 days of expiration date or TRAC is no longer obligated.**

|  |  |
| --- | --- |
| Client Name: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SS# |  | or | Student ID# |  |

|  |  |
| --- | --- |
| Type of Training to be Provided: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Voucher Quarter |  | Training Duration |  |

**Goods and Services**:

|  |  |  |
| --- | --- | --- |
| **Authorized Items** | | **Actual Cost** |
|  | | **$** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Subtotal** | **$** |
| **Tax** |  |
| **Total** | **$** |

Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Counselor

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Supervisor

Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Signature for receipt of Goods/Services

Customer ID Used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Customer ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If any alterations have been made, do not accept form.  Form must be embossed with TRAC Associates corporate seal.