

TRAINING PAYMENT AGREEMENT

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<http://www.bls.gov/itc>

TRAINEE INFORMATION

SURNAME:

GIVEN NAME:

JOB TITLE:

EMPLOYER:

MAILING ADDRESS (Street/PO, City, Country):

TELEPHONE:

FAX:

E-MAIL:

TRAINING AND COST INFORMATION

TRAINING PROGRAM:

DATES OF TRAINING:

TUITION:

\$ _____

INTERPRETATION:

\$ _____

TOTAL AMOUNT Payable to the Bureau of Labor Statistics (BLS):

\$ _____

Payment, in U.S. dollars, is due before or upon the trainee's arrival at BLS. Do not include money that should be paid directly to the trainee including allowances for housing, meals, and medical insurance. Payment may be made by wire transfer or credit card. Please contact itcinfo@bls.gov for wire transfer information. BLS will only accept payment by check from a U.S. chartered bank.

CREDIT CARD INFORMATION:

VISA

MasterCard

American Express

Discover

Card Number: _____ Expiration Date: _____

Cardholder Name (print clearly): _____

Cardholder Signature: _____

Cardholder Billing Address: _____

FINANCIAL SPONSOR INFORMATION

ORGANIZATION:

MAILING ADDRESS (Street/PO, City, Country):

TELEPHONE:

FAX:

E-MAIL:

PRINT OR TYPE NAME AND TITLE OF OFFICIAL RESPONSIBLE FOR PAYMENT OF TUITION:

SIGNATURE OF OFFICIAL RESPONSIBLE FOR PAYMENT OF TUITION:

DATE: