



## **APPROVAL:**

This is to certify that goods, services invoiced below have been rendered by vendor.

TAA Program Representative
Title

## Amended 2002 & 2015 AUTHORIZATION AND INVOICE (TA-2)

 $Signature\ of\ Vendor\ or\ Agent$ 

(1) Vendor:	Invoice #		
Address:	Petition No:		
Street	Participant Name:		
<u>City</u> State			
Zip Code	SID #:		
Acceptance of this authorization signifies full compliance with Title VI of the Civil Rights Act of 1964, that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination under any program or activity. The Department of Labor and Workforce Development is in compliance with this Act. All applicants for service have a right to file complaints and to appeal according to regulations governing this principle. All complaints shall be addressed to the State Department of Labor and Workforce Development, Nashville, Tennessee.  The Department cannot be responsible for services rendered without authorization.			
ITEMS PROVIDED BY VENDOR			
		AMOUNT BILLED	
	TOTAL		
These services are for the period:			
This is to certify that goods and services have been rendered for the amount billed above.			

ATTENTION: Please attach an itemized invoice with cost breakdown and totals. One unique invoice number must be assigned for all attached.

Title

Date

LB-1121 (Rev. 4/21) RDA 1586