

# TRAINING PAYMENT AGREEMENT

Division of International Technical Cooperation  
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<https://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 AMOUNT Payable to the Bureau of Labor Statistics (BLS):			\$ _____		
<b>Payment, in U.S. dollars, is due before the trainee's arrival at BLS. Do not include money that should be paid directly to the trainee including allowances for housing, meals, local transportation, and medical insurance. Please contact <a href="mailto:ITCinfo@bls.gov">ITCinfo@bls.gov</a> for wire transfer information. BLS will only accept payment by check from a U.S. chartered bank.</b>					
PAYMENT METHOD:					
<input type="checkbox"/> Wire Transfer <input type="checkbox"/> Check <input type="checkbox"/> Credit Card					
CREDIT CARD INFORMATION (if paying by credit card):					
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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:		