

# TRAINING PAYMENT AGREEMENT

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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):

\$ \_\_\_\_\_

**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 [ITCinfo@bls.gov](mailto:ITCinfo@bls.gov) for wire transfer information. BLS will only accept payment by check from a U.S. chartered bank.**

PAYMENT METHOD:

Wire Transfer

Check

Credit Card

CREDIT CARD INFORMATION (if paying by credit card):

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: