

**Council of the Inspectors General on Integrity and Efficiency (CIGIE)**  
**Training Institute**  
**Payment Form**  
(08/22/13)

Program Name		Class Number	
Class Start Date		Class Location	
Student - (Last Name, First Name)			
Student - (Last Name, First Name)			
Student - (Last Name, First Name)			
(Department/Agency)			

agrees to reimburse the CIGIE Training Institute for the actual cost of training services provided.

The agency may be billed for tuition if a student fails to report for class (no show) without notification or the training seat is canceled within 10-working days of the class start date. The following are valid reasons for a seat cancellation - mandatory court appearance, serious illness of student or immediate family member. On a case-by-case basis, all other reasons will be reviewed and considered.

I certify that I am authorized to approve this obligation of funds by my agency.

**Please provide the following billing information:**

Method of Payment	<input type="checkbox"/> Purchase Order	<input type="checkbox"/> Agency Training Form	<input type="checkbox"/> Government Credit Card	<input type="checkbox"/> Personal Credit Card
	<input type="checkbox"/> Tuition <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Misc <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Lodging <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Meals <input style="width: 100px;" type="text"/>

Credit Card Number <input style="width: 400px;" type="text"/>	Expiration Date <input style="width: 80px;" type="text"/>
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<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>
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Purchase Card Holder	<input style="width: 700px;" type="text"/>
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Phone <input style="width: 150px;" type="text"/>	E-mail <input style="width: 550px;" type="text"/>
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**Privacy Act Information:**

**Authority:** Title 42, U.S.C. 4742; Title 5, U.S.C. 552; F.R. 16586 (March 12, 1981).

**Purpose:** Obtaining information from individuals applying for enrollment to an IGCI training program; used for student registration and program administration purposes.

**Uses:** Disclosure upon request to individual, the individual's parent agency, to any other individual or agency at the request of the applicant, to the student locator, mailroom, registration office, training and research officials, and other government officials on a need-to-know basis

**Effect of Nondisclosure:** Supplying the information is voluntary and is not required by law. Disclosure of your Social Security Number, which is solicited under authority of E.O. 9397, is voluntary and no right, benefit, or privilege by law will be denied as a refusal to disclose it. However, failure to provide all or any part of the information solicited may result in the applicant not being registered for the requested training program.

**RETURN THIS FORM BY:**

**EMAIL:**            billing@cigie.gov

**OR**

**FAX:**                (912) 267-3473

**For billing questions please call:**

**Phone:**            (912) 267-2871

Date/Time Rec: