

TECHNOLOGY TRAINING COURSE EXPENSE CLAIM

Software Training Reimbursement Form

EMPLOYEE NAME _____

EMPLOYEE ID _____

DEPARTMENT _____

MANAGER / APPROVER NAME _____

COURSE INFORMATION

COURSE TITLE _____

TRAINING PROVIDER / VENDOR _____

START DATE _____

COMPLETION DATE _____

EXPENSE BREAKDOWN

Description (e.g., Course Fee, Certification Exam, Learning Materials)	Category	Receipt Attached (Y/N)	Amount
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Subtotal: _____

Tax (VAT/GST): _____

**Total Claim
Amount:** _____

Employee Signature

DATE

Authorized Approver Signature

DATE
