



RECEIPT

Receipt No: _____

Date: _____

Employee Details

Employee Name: _____

Employee ID: _____

Department: _____

Company/Org: _____

Training Provider

Provider Name: _____

Trainer/Instructor: _____

Training Venue: _____

Contact Info: _____

TRAINING PROGRAM / COURSE DESCRIPTION	SCHEDULE/DATES	DURATION (HRS)	AMOUNT
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Payment Details

Payment Method: _____

Transaction ID: _____

Reference / PO: _____

Subtotal: _____

Tax / VAT: _____

Discount: _____

Total Paid:

Received By (Employee Signature)

Authorized Signature (Provider)

Thank you for your business. For any inquiries regarding this training receipt, please contact the administration office.