

RECEIPT

Receipt No. _____

Date _____

CLIENT DETAILS

Executive Name: _____

Organization: _____

Address: _____

PROGRAM INFO

Course/Program: _____

Facilitator: _____

Training Dates: _____

DESCRIPTION OF TRAINING SERVICES	QTY	UNIT PRICE	TOTAL
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Subtotal _____

Tax / VAT _____

Total Paid _____

AUTHORIZED SIGNATURE

RECIPIENT SIGNATURE