

TRAINING PROVIDER / COMPANY

RECEIPT

RECEIPT NO: _____

DATE _____

PAYMENT METHOD: _____

CLIENT INFORMATION

COMPANY NAME

BILLING ADDRESS

CONTACT PERSON

TRAINING DETAILS

PROGRAM NAME

TRAINING DATES / DURATION

VENUE / PLATFORM

FACILITATOR / INSTRUCTOR

DESCRIPTION OF TRAINING SERVICES	ATTENDEES (QTY)	UNIT RATE	TOTAL AMOUNT
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SUBTOTAL _____

TAX / VAT _____

TOTAL PAID _____

RECEIVED BY (CLIENT SIGNATURE)

DATE _____

AUTHORIZED SIGNATURE (PROVIDER)

DATE _____
