

# RECEIPT

Receipt No: \_\_\_\_\_

Date: \_\_\_\_\_

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## STUDENT DETAILS

Student Name: Student ID: Email: Phone:

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## TRAINING COURSE DETAILS

Course Title: Course Code: Cohort/Group: Trainer Name:

DESCRIPTION OF TRAINING SERVICES / MODULES	UNIT PRICE	QTY	TOTAL AMOUNT

## Method of Payment

- Cash  
 Card  
 Bank Transfer  
 Cheque

Reference No:

Subtotal: \_\_\_\_\_

Tax / VAT: \_\_\_\_\_

Discount: \_\_\_\_\_

**Total Paid:** \_\_\_\_\_

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Terms & Conditions:

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AUTHORIZED SIGNATURE