

TRAINING REIMBURSEMENT FORM

Date _____

Employee Name _____ Join Date _____ Department _____

Supervisor _____

Request Details

How training develop their job / works

Faculty: _____

Institute Name: _____ Location _____

Start Time _____ End Time _____ Total Duration _____

Estimate Cost

Description	Type / Category	Cost \$

Total Estimated cost =

Approval Note:

Supervisor Sign _____ Employee Sign _____

Department Head _____