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| --- |
| **TRAINING RECEIPT** |
| Payment Date: |  | Payment Method: |  | Receipt #: |
|  |  |  |  |  |
|  |  |  |
| **From:**  |  | **Sold To:**  |
| [Your Name/Company Name]  |  | [Client's Name/Company Name] |
| [Address Line 1] |  | [Address Line 1] |
| [Address Line 2] |  | [Address Line 2] |
| [City], [State], [Zip Code] |  | [City], [State], [Zip Code] |
| [Phone] |  | [Phone] |
|  |  |  |
| Description  | Quantity | Unit Price | Total |
|  |  |  |  |
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|  |  |  |  |
|   |  | Subtotal: |  |
| Remarks:  |  | Tax Rate:  |  |
|  |  |  Tax: |  |
|  |  | Total Due: |  |
|  |  | Amount Paid:  |  |
| Thank you for your business! |