INSITUTION NAME:……………………………….

TRAINING PROGRAM:…………………………….

MONTH: JUNE 2020

**FACILITATION FEES FOR TRAINEES RECEPTION FORM /WEEKLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Names** | **ID card** | **../../2020****(2000Frw)** | **../../2020****(2000Frw)** | **…./.../2020****(2000Frw)** | **../../2020****(2000Frw)** | **../../2020****(2000Frw)** | **../../2020****(2000Frw)** | **Total** |
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**N.B:** Trainees have to sign for reception of facilitation fees on daily basis.