**INSTITUTION NAME:** ……………………………….

**TRAINING PROGRAM:** …………………………….

**MONTH:** ……. / **2021**

**WEEKLY FACILITATION FEES FOR TRAINEES**

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