



23/2/12

23/2/15

FORM LDO TRAINING

Training & Assessment Invoicing Details

CUSTOMER TO COMPLETE					
Bill To:	☐ Company	OR	☐ Individual		
ABN:					
Bill to Name:					
Billing Address:					
Contact No. (Accounts):					
Contact No. (Accounts).					
OFFICE USE ONLY					
Training / Assessment Date:					
Trainer / Assessor's Name	e:				
Is travel to be recharged to customer?	□ No □ Ye	s	KMs		
Is accommodation to be recharged?	□ No □ Ye	S Accommodation	n details		
Has a Daily Rate been agreed? If so, how much?	·				
Attendee Names:		Type of Traini Dogging, EWF		ent (eg Forklift,	Cost (ex GST):
Other Comments:					
LAST REVIEW DATE NEXT	TREVIEW DATE	REVISION NO	DOC	JMENT OWNER	PAGE 1 of 1

DOCUMENT UNCONTROLLED WHEN PRINTED

Accountant