**INVOICE DATA FORM**

**Special Programs**

|  |  |
| --- | --- |
| **Program Title** |  |
| **Company Name** |  |
| **Company Representative** |  |
| **No. of Participants** |  |
| **Duration** |  |
| **Period** |  |
| **Program Cost** |  |
| **Training Support** | Food  No. of Trainees  No. of Trainees  Accommodation |

|  |  |  |
| --- | --- | --- |
| ..........................................................................................  **Director, Industrial Relations** |  | ..........................................................................................  **Special Programs Unit** |