



# TRAINING/CONFERENCE/EVENT REQUISITION FORM

## Section A: (To be completed by staff)

Training Title		Budgeted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Training Time		
Training Provider		Training Date		
Venue				
Cost (MYR) (if applicable)	Training Fee	Accommodation	Transportation	Grand Total

## Please attach the following documents:

No.	Item Checklist	Tick (✓)
1.	Conference/Training brochure (i.e. information on date, venue, conference programme & registration fees)	
2.	Correspondence (i.e. email, invitation, tax invoice, etc.)	

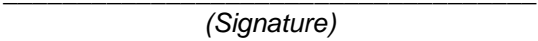
## Training Objective

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Requested by	Verified by Director / Manager	Approved by Director's AHR
<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <div style="text-align: center;">(Signature)</div> <div>Name: Department: Date:</div>	<div> <input type="checkbox"/> Approved  <input type="checkbox"/> Not Approved            Remarks: (if any)         </div> <div style="border-bottom: 1px solid black; height: 40px; margin-top: 20px;"></div> <div style="text-align: center;">(Signature)</div> <div>Name: Date:</div>	<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <div style="text-align: center;">(Signature)</div> <div>Name: Date:</div>



No.	Item Checklist	Date	Tick (√)
1.	Registration		
2.	Tax Invoice		
3.	Training Material(s)		
4.	Post Training Evaluation Form		
5.	Conference/Training Report Form		

Acknowledged Receipt By	
<div style="text-align: center;">   <i>(Signature)</i> </div>	
Name	
Position	
Date	