

Training Fee Reimbursement Declaration

Date: _____

To,
The Human Resources Department
[Company Name]

Declaration

I, _____, holding the position of _____ at [Company Name], hereby declare that I have attended the _____ training program held on _____, organized by _____.

I request reimbursement for the training fee of _____ (**currency & amount**), paid on _____. The original receipt and all relevant documents are attached for verification.

I confirm that the details provided are correct and that the claimed amount has not been reimbursed previously. I understand that false declarations or tampering with documents may result in disciplinary action.

Employee Signature

Name: _____
Date: _____

HR/Manager Approval

Name: _____
Date: _____

Important Notes:

- Attach original receipts and relevant training completion certificates.
- Ensure all required fields and signatures are completed before submission.
- Claims must be submitted within the specified period as per company policy.
- Any false information may result in disciplinary action and recovery of paid amounts.
- Retain copies of your submission for personal records.