**CETF UTILIZATION INVOICE**

**NO. 2023-\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Date: | Unit: ICS |
| Name of Cooperative: | |

**(TO BE FILLED UP BY MASS-SPECC / ICS)**

|  |  |  |
| --- | --- | --- |
| RETURN SERVICE | REMARKS | AMOUNT |
|  |  |  |
| TRAINING |  |  |
|  |  |  |
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**(TO BE FILLED UP BY CO-OP )**

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| --- | --- | --- |
| DESCRIPTION OF ACTIVITY | | TOTAL AMOUNT |
|  |  |  |
|  |  |  |
| Title of the Activity |  |  |
| Date |  |  |
| Venue | **ONLINE WEBINAR (ZOOM)** |  |
| Number of Participants |  |  |
|  |  |  |
|  |  |  |

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| **Authorized Coop Representative (Signature Over Printed Name)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**  **MANAGER / HR /TRAINING OFFICER** |

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| **A picture containing acarine  Description automatically generated**Approved by:  **ROMY VILLAMIN**  ICS, Managing Director |

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| NOTATIONS  **CETF OUTSTANDING BALANCE :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CHARGED AMOUNT : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CETF BALANCE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**HEADS UP! We require the submission of the CETF UTILIZATION INVOICE per training availed not the deposit slip of CETF remittance. CETF UTILIZATION INVOICE should be duly signed by the manager/training officer. Kindly follow registration process please. Thank you!**