

Grantee:

These totals agree with the Course Expense Sheet totals at the bottom of each course

ETIP Participating Company Training Course Expense Report

Grantee Information

Grantee Name: IMA

Grant # : 420-45-1735

Participating Company Name: ACME Company

Course Information

Course Name: Hazard Communication Safety

Date(s) of Training

Begin Date: 7/15/21

End Date: 7/15/21

Internal Trainer Information	Column 1	Column 2	Column 3	Column 4
Internal Trainer Name		Total hours in training	Actual hourly wage	Total Wages
				\$0.00
				\$0.00
copy or delete rows as needed				\$0.00
Total Internal Trainer Wages				\$0.00

External/Vendor Trainer Information

External trainer expense(s) invoice must be attached to this form invoice copy should show: company name, company address, date(s) of training , course name or type of training provided,expense detail. If invoice covers multiple courses then a copy shall be attached to each course expenses report highlighting expenses covering each individual course. Note: Any ineligible expenses listed on invoice should be highlighted and deducted from total below .

Training Provider Name: (Company): Hazard Safety Inc.

Trainer Name: Jim Chesney

Total External Training Expense

\$400.00

Trainee Information

Trainee Name (Last/First)	Employee Type				
	New (x)	Existing (x)			
Heather Davis		x			
This was not a one on one training - she attended a course provided by Hazard Safety Inc.					
This course requires:					
External training invoice from Hazard Safety Inc.					
Proof of Payment of Invoice					
Course Outline					
Copy of Certificate or Completion					
Total Trainees	0	1			

Training Material Expenditures (invoice must be attached to this form)

Training Material Provider	Description Of Material Used	Expenditure
		\$0.00
		\$0.00
Total Training Material Expenses		\$0.00
Total Course Expenditures		\$400.00

ETIP Participating Company Training Course Expense Report

Grantee Information

Grantee Name: IMA

Grant # : 420-45-1735

Participating Company Name: ACME Company

Course Information

Course Name: Blue Print Reading

Date(s) of Training

Begin Date: 7/22/21

End Date: 7/22/21

Internal Trainer Information	Column 1	Column 2	Column 3	Column 4
Internal Trainer Name		Total hours in training	Actual hourly wage	Total Wages
Michael Master		8.0	\$45.00	\$360.00
				\$0.00
copy or delete rows as needed				\$0.00
Total Internal Trainer Wages				\$360.00

External/Vendor Trainer Information

External trainer expense(s) invoice must be attached to this form invoice copy should show: company name, company address, date(s) of training , course name or type of training provided,expense detail. If invoice covers multiple courses then a copy shall be attached to each course expenses report highlighting expenses covering each individual course. Note: Any ineligible expenses listed on invoice should be highlighted and deducted from total below .

Training Provider Name: (Company):	
Trainer Name:	Total External Training Expense \$0.00

Trainee Information

Trainee Name (Last/First)	Employee Type				
	New (x)	Existing (x)			
Randy Copp		x			
Mike Nobody	x				
Juan Garza	x				
Heather Davis					
Left Heather Davis blank due to she already was accounted for on a previous training on 7/15/21					
Randy is accounted for since this is his first course but will not be accounted for the Program Mgmt class since he is accounted for this one.					
This course requires:					
Internal trainer proof of hourly rate					
Course Outline					
Signed Attendance sheet - each participant signature and trainer signature					
Total Trainees	2	1			

Training Material Expenditures (invoice must be attached to this form)

Training Material Provider	Description Of Material Used	Expenditure
		\$0.00
		\$0.00
Total Training Material Expenses		\$0.00
Total Course Expenditures		\$360.00

ETIP Participating Company Training Course Expense Report

Grantee Information

Grantee Name: IMA

Grant # : 420-45-1735

Participating Company Name: ACME Company

Course Information

Course Name: Program Mgmt Class

Date(s) of Training

Begin Date: 12/10/21

End Date: 12/14/21

Internal Trainer Information	Column 1	Column 2	Column 3	Column 4
Internal Trainer Name		Total hours in training	Actual hourly wage	Total Wages
				\$0.00
				\$0.00
copy or delete rows as needed				\$0.00
Total Internal Trainer Wages				\$0.00

External/Vendor Trainer Information

External trainer expense(s) invoice must be attached to this form invoice copy should show: company name, company address, date(s) of training , course name or type of training provided,expense detail. If invoice covers multiple courses then a copy shall be attached to each course expenses report highlighting expenses covering each individual course. **Note: Any ineligible expenses listed on invoice should be highlighted and deducted from total below .**

Training Provider Name: (Company): Program Training Inc.	
Trainer Name: John Doe	Total External Training Expense \$995.00

Trainee Information

Trainee Name (Last/First)	Employee Type				
	New (x)	Existing (x)			
Randy Copp					
Left Randy Copp blank due to he already was accounted for on a previous training on 7/22/21					
This was not a one on one training - he attended a course with John Doe as instructor					
This course requires:					
External training invoice from Program Training Inc. with materials listed separately					
Proof of Payment of Invoice					
Course Outline					
Copy of Certificate or Completion					
Total Trainees	0	0			

Training Material Expenditures (invoice must be attached to this form)

Training Material Provider	Description Of Material Used	Expenditure
Program Management	Training Manual	\$40.00
		\$0.00
Total Training Material Expenses		\$40.00
Total Course Expenditures		\$1,035.00

Participant Company Name: ACME Company

Grant #: 420-45-1735

This report serves as the master trainee roster report for ETIP participating companies and will show total number of individual employees being trained each quarter. In this report the participating company shall report the name, employee type (New or Existing) and the quarter in which the employee/trainee received their initial training under terms of this grant. **Please Mark an "X" in the appropriate qtr and employee type (New/Existing) at time employee received their initial training. The employee/trainee name shall only be listed one time on this report.**

[illegible]

Agrees with Company expenditure report