

1	Original
2	Duplicate
3	Triplicate

To be submitted in Triplicate

Employer's official Stamp
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DIRECTORATE OF INDUSTRIAL TRAINING

TRAINING EXPENSES FOR YEAR.....

CLAIM FORM FOR APPRENTICESHIP TRAINING EXPENSES

NAME OF EMPLOYER:

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Claim Prepared by (Name).....Signature.....Position.....Date.....

Name	Date of Registration	Registration No. of Apprentice	Institution Attended	Period of the Course		No. of weeks	Monthly wage (Ksh)	Course & Exam Fees (If any) (Ksh)	Other Expenses (Ksh)			Year of Training 1 st , 2 nd or 3 rd
				From	To				Travelling	Accommodation	Tools, Books, Protective clothing Etc.	

Note: Employers claim forms will not be acknowledged/considered if submitted without a covering letter.