

Include Training Provider Company Letterhead

Address | Contact Number | Website

Issue Date:

Attendee Name(s):

Please include name(s) of all applicants enrolled in the training.

1.

Training Start Date:

Training End Date:

Course Name	Description	Unit Price (\$)	GST (\$)	No. of Employees Participating	Sub – Total (\$)
	<u>Student Name:</u> <u>Course Details:</u> <u>Total Instructional Hours:</u> <u>Total Duration:</u> <u>Instructor Name (if known):</u>				
Total					

SAMPLE QUOTE

Sample Address, AB T5M XXX | 780-111-XXXX | www.DriverTrainingProvider.ca

Issue Date: January 01, 2000

Attendee Name(s):

Please include name(s) of all applicants enrolled in the training.

1. Jane Doe
2. John Doe

Training Start Date: January 15, 2000

Training End Date: March 15, 2000

Course Name	Description	Unit Price (\$)	GST (\$)	No. of Employees Participating	Sub – Total (\$)
Core Learning	<u>Student Name:</u> 1. Jane Doe 2. John Doe <u>Course Details:</u> in-truck training, in yard, and classroom training (including air brakes) <u>Total Instructional Hours:</u> 68 hours <u>Total Duration:</u> 6 weeks (full time) <u>Instructor Name (if known):</u> Henry Carter	\$ 6,800.00	\$340	2	\$ 14,280.00
Competency Building	<u>Student Name:</u> 1. John Doe <u>Course Details:</u> in-truck training <u>Total Instructional Hours:</u> 25 hours <u>Total Duration:</u> 2 weeks (full time) <u>Instructor Name (if known):</u> Jennifer Abbott	\$2,500.00	\$125	1	\$ 2,625.00
	Total				\$ 16,905.00