

# **TRAINING RECEIPT**

Instructor for Head Start of Greater Dallas, Inc. Training Activity

Date \_\_\_/\_\_\_/\_\_\_

<b>Name</b> _____
<b>Address</b> _____ _____
<b>Phone Numbers</b> _____ _____
<b>Social Security Number or FEIN Number</b> _____

**Training Activity(s)** \_\_\_\_\_

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**Number of sessions taught** \_\_\_\_

**Agreed upon cost of instruction \$** \_\_\_\_\_

**Other costs owed by Head Start \$** \_\_\_\_\_  
*(identify items purchased or services purchased* \_\_\_\_\_

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**Total Amount Owed by Head Start \$** \_\_\_\_\_

Return to: HEAD START of Greater Dallas, Inc.  
Training  
1349 Empire Central, Suite 300  
Dallas, TX 75247-4300  
(214) 634-8704, Ext. 406 or 407 \* FAX (214) 631-3102