



# TEXAS VETERANS COMMISSION

## CERTIFICATION OF TRAINING ATTENDANCE

*(Please PRINT Clearly)*

Employee Name: \_\_\_\_\_

TVC Office Location: \_\_\_\_\_

### ***COURSE INFORMATION:***

*Name of Organization*

*Providing Training:* \_\_\_\_\_

*Training (Check One):* \_\_\_\_\_ *External* \_\_\_\_\_ *Internal*

*Location of Training:* \_\_\_\_\_

\_\_\_\_\_

*Name of Instructor:* \_\_\_\_\_

*Topic or Type of Training:* \_\_\_\_\_

*Number of Hours/Credits:* \_\_\_\_\_

*Course Cost:* \$ \_\_\_\_\_

*Travel Cost:* \$ \_\_\_\_\_

*Total:* \$ \_\_\_\_\_

*I hereby certify that I attended the above listed training course as indicated by my signature. (Attach Certificate of Completion, if available.)*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*