Name of Trainee:_____
Date:_____

Books/Equipment Claim Form

RECEIPT #	DESCRIPTION OF BOOK-EQUIPMENT	AMOUNTS
	TOTAL AMOUNT	

My signature below confirms that the books/equipment listed above are **required** for this student's program.

_____ Signature of Academic Advisor/Instructors

_____ Signature of Trainee

EMBASSY OF THE REPUBLIC OF BOTSWANA
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Tel. # (202) 244-4990 Fax # (202) 244-4164