



# Training Invoice and Verification Form

**Position being trained for:**  Executive  
 Area Training Consultant  
 Regional Training Consultant  
 National Training Consultant

Date: \_\_\_\_\_

Net Lifestyle ID: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Read before signing**

I certify, that on the date above, I was trained or re-certified by a Net Lifestyles certified trainer and that trainer whose name is on this invoice was present and active in my training.

I certify that the training I've received, if Executive training, was presented to me by (please check one):

In Person    By Phone

Presentation developed by Net Lifestyles Inc., and that I have completed all Executive workbook reviews and exercises.

**X** \_\_\_\_\_  
Signature of Trainee

**Current Position:**  Area Training Consultant  
 Regional Training Consultant  
 National Training Consultant

Training Date: \_\_\_\_\_

Net Lifestyle ID: \_\_\_\_\_

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

Training Location: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

I certify, if invoicing for Executive training, that I have presented Net Lifestyles approved Executive training using one of the training presentation formats developed by Net Lifestyles Inc., and that this Executive has completed all Executive workbook reviews and exercises.

**X** \_\_\_\_\_  
Signature of Trainer

Trainers must have been re-certified within the last 12 months to be eligible for receipt of training fees.

**For Office Use Only**

Approval Code	Date Received	Date Paid	Key to Approval Code