



**INDUSTRIAL TRAINING FUND**  
 P.M.B. 2199, JOS PLATEAU STATE  
 WEBSITE: [www.itf.gov.ng](http://www.itf.gov.ng)  
 EMAIL: [dgif@itf.gov.ng](mailto:dgif@itf.gov.ng)

**ITF TR FORM 1**

**SUMMARY OF CONTRIBUTING EMPLOYERS TRAINING REIMBURSEMENT CLAIMS FOR THE YEAR.....**

NAME OF CONTRIBUTING EMPLOYER:..... ITF REG. NO: .....

ADDRESS: ..... TRAINING CONTRIBUTION DUE.....

..... TRAINING CONTRIBUTION PAID: .....

..... 50% OF TRAINING CONTRIBUTION.....

E-MAIL ADDRESS ..... ITF RECEIPT NO: .....

..... (PHOTOCOPY MUST BE ATTACHED)

TELEPHONE NUMBER: .....MOBILE NO..... Bank Name.....

DATE: ..... Acc. No .....

TO BE COMPLETED BY CONTRIBUTING EMPLOYERS Sort Code.....

Claim Form	Area of Training	Total staff in Each Area	Total No. Trained	% Trained	Emphasis No.	Employer's Claim ₦
TR 2						
TOTAL						

**CONTRIBUTING EMPLOYER'S DECLARATION**

I, ..... certify that:

The claims on this summary are correct and that the Training referred to in the individual **ITF TR Forms** attached are relevant to the needs of the trainees and the contributing employer, were actually undertaken and no claims have been duplicated.

Name of Officer ..... Rank .....

Signature ..... Date .....

Chief Executive's Name.....

Signature ..... Date and Stamp .....

ALL TRAINING CLAIMS MUST BE SUBMITTED ON OR BEFORE 30<sup>TH</sup> JUNE AFTER EACH TRAINING YEAR (JANUARY – DECEMBER).

**FOR I.T.F OFFICIAL USE ONLY**

Area of Training	Max % Claimable	% Awarded	Amt. Awarded ₪
<b>TOTAL</b>			

**AMOUNT RECOMMENDED**

AREA OFFICE	HEADQUARTERS
₪	₪

Claim Recommended (in words) .....

.....

Processing Officer at Area Office Name .....

Signature: .....

Date/Stamp: .....

Area Manager Name: .....

Signature: .....

Date/Stamp: .....

Checked at FSD by: Name: .....

Signature: .....

Date/Stamp: .....

Certified by Audit Name: .....

Signature: .....

Date/Stamp: .....

Cheque/e-payment details .....

.....

Date/Stamp: .....