

First-Aid Training report

Please fill out this form to explain how the Bluff Clinic has helped your course. This report will be used by the clinic for its Public Benefit Activities reporting purposes.

Name of Organization _____ Nbr. of Participants _____ Date of the training _____
 people _____ and _____

Income	Denomination	Unit	Nbr	Value	Total
	Income from participants	person			
	Income from the Clinic	person		¥10 000	
Total Income					¥0
Expenses	Denomination	Unit	Nbr	Value	Total
	Instructor's fee (X people)	person/day			
	Catering (tea/coffee and lunch)	person/day			
	Equipment details				
	Bandages, sterile gauze				
	Replacement lungs for Annie				
	Other expenses				
Expenses Total					¥0
Grand Total					¥0

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Bank information : Bank name: Branch: Account type: Account number: Name of the account:	
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