



**BILL TEMPLATES**

Client Name	
Trainer	
Date and time of Training	
Type of Training	Bill Templates
Trainees	
Contact Name	
E-mail	
Telephone Number	

**Mission Targets**

Listed below are mission targets that you will need to complete in order to successfully accomplish your mission. Some items may not be relevant to your needs and these will then be omitted from your training. Please make reference to these items.

Task	Completed	
	Yes	No
<b>Bill Templates</b>		
Design, Edit and Configure Bill Templates		
Requesting a bill template		
Running and printing a bill template		

Please sign to indicate that the above Mission Targets have been covered.

**Mission Completed**

Time Mission Completed \_\_\_\_\_  
 Date Mission Completed \_\_\_\_\_

Signed on behalf of Client: \_\_\_\_\_

Signed on behalf of Pracctice Limited: \_\_\_\_\_