

# TRAINING SERVICES REQUEST (TSR)

SAP Org. Code Date

**Important Note: The TSR should be signed by the Proponent (Saudi Aramco Department Head). In addition, it should be stamped by the contractor company.**

## CONTRACTOR COMPANY INFORMATION

Name of Contractor	Vendor No.	Saudi Aramco Contract No.	Contact Person
Telephone	Fax	E-Mail	

## PROPONENT INFORMATION

Name	Telephone	E-Mail
------	-----------	--------

## REQUIRED TRAINING/CERTIFICATION

<b>Course Title</b>			
Location	Date Requested	Number of Participants	Course Duration

PARTICIPANT'S FULL NAME	EMPLOYEE ID#	NATIONALITY	ID EXPIRATION DATE

Saudi Aramco Dept. Head Name:	Job Title:	Signature:
-------------------------------	------------	------------

Contractor Company Stamp
--------------------------