

LOGO OF HOST  
ORGANIZATION



LOGO OF CO-HOST  
ORGANIZATION

# *Certificate of Completion*

**FULL NAME**

is awarded this certificate for attending  
**The International Budget Partnership's  
Health and Budgets Training Workshop**  
held in CITY, COUNTRY from DAY/MONTH TO DAY/MONTH, YEAR

This certificate is conferred by:

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HEAD FACILITATOR  
TITLE, ORGANIZATION

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CO-FACILITATOR  
TITLE, ORGANIZATION