Pipefitters Local 636 P.O. BOX 278 Troy, MI 48099-0278

Phone: (248) 641-4936 Toll Free: (888) 646-8920

INDUSTRY APPRENTICESHIP REIMBURSEMENT FUND

APPRENTICE REIMBURSEMENT REQUEST FORM

APPRENTICE REIMBURSEMENT REQUEST FORM							
Month:							
Social Security Number	Employee Name				nticeship Period 1-10 oplicable period)	Date of Attendance (List each date separately)	
Administrative Use Only					PLEASE REMIT THIS FORM FOR REIMBURSEMENT TO:		
Date Received: Entered By:				Pipefitters Local 636 I.A.R.F. PO BOX 278 Troy, MI 48099-0278 Attention: Contribution Department			
EMPLOYER INFORMATION					Dy oigning thi	a form you cortify that the	
EMPLOYER NAME:					By signing this form, you certify that the information contained in this report is a full and accurate statement of all		
EMPLOYER ADDRESS:					apprentices attending an approved		
CITY:	ST:	ZIP:	PHONE:		apprenticeship training class and that all wages and fringes have been paid for		
CONTACT NAME: DATE:					the requested reimbursement dates listed above.		
SIGNATURE:					noted above.		

Effective Date: 7/31/2006