

**Plumbers Local 98
P.O. BOX 159
Troy, MI 48099-0159**

Phone: (248) 641-4988

Toll Free: (866) 646-8919

INDUSTRY APPRENTICESHIP REIMBURSEMENT FUND

APPRENTICE REIMBURSEMENT REQUEST FORM

Social Security Number	Employee Name	Apprenticeship 1 st - 4 th Year (Plumber) (List applicable Year)	Date of Attendance (List each date separately)

Month:

Administrative Use
Date Received:
Entered By:

PLEASE REMIT THIS FORM FOR REIMBURSEMENT TO:
Plumbers Local 98 I.A.R.F.
PO BOX 159
Troy, MI 48099-0159
Attention: Contribution Department

EMPLOYER INFORMATION			
EMPLOYER NAME:			
EMPLOYER ADDRESS:			
CITY:	ST:	ZIP:	PHONE:
CONTACT NAME:			DATE:
SIGNATURE:			

By signing this form, you certify that the information contained in this report is a full and accurate statement of all apprentices attending an approved apprenticeship training class and that all wages and fringes have been paid for the requested reimbursement dates listed above.