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

	Month:	

Social Security Number	Employee Name	Apprenticeship Period 1-10 (List applicable period)	Date of Attendance (List each date separately)

Administrative Use Only
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.

Effective Date: 7/31/2006