

MID-ATLANTIC LABORERS
TARGET FUND REIMBURSEMENT FORM

Please send with this report a certified payroll summary with Employee Name, Employee Title (ie. Apprentice, Journeyman, or Foreman), Classification (type of laborers work), Local Union Affiliation, and Total Hours Worked each pay period. Also include a copy of the written approval of the request for participation.

Contractor Name: _____

Contact Name: _____

Project Name: _____

Contractor Address: _____

Phone: _____ Fax: _____

Duration of Project: _____ to: _____, 20____

Total Laborer hours worked on this job: _____

Amount to be reimbursed \$ _____

Report prepared and submitted by: _____

Title: _____

Date: _____

Please mail to:

Mid-Atlantic Laborers' Target Fund
11951 Freedom Drive
13th floor
Reston, VA 20190

Updated October 30, 2008