

OLMC TARGETING FUND REIMBURSEMENT REPORTING FORM

CONTRACTOR NAME: _____

CONTACT NAME: _____

CONTRACTOR ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

PROJECT NAME: _____

PROJECT START DATE: _____ PROJECT COMPLETION DATE: _____

TOTAL OPERATOR HOUSE WORKED ON THIS JOB: _____

AMOUNT TO BE REIMBURSED: _____

REPORTED PREPARED AND SUBMITTED BY: _____

TITLE: _____

DATE: _____

If you have any questions or comments, please contact the Job Targeting Program Administrator whose contact information is below.

PLEASE MAIL, EMAIL OR FAX THIS FORM TO THE FOLLOWING:

NEIL HUFFMAN
IUOE LOCAL UNION #132
606 TENNESSEE AVENUE
CHARLESTON, WEST VIRGINIA 25302
P: (304) 343-7731
F: (304) 342-8286
C: (304) 638-2234
nhuffman@wvdsi.net