LLMC TARGETING FUND REIMBURSEMENT REPORTING FORM

DATE:		
CONTRACTOR NAME:		
CONTACT NAME:		
CONTRACTOR ADDRESS:		
CONTRACTOR PHONE:		EMAIL:
PROJECT NAME:		
PROJECT START DATE:		
DATE OF FINAL ACCEPTANCE BY THE OWNER OF THE PROJECT:		
TOTAL LABORER HOURS WORKED ON THIS PROJECT:		
AMOUNT TO BE REIMBURSED:		
REPORT PREPARED AND SUBMITTED BY:		
TITLE:		
SIGNATURE:		

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

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

MATTHEW MCCOMAS
WEST VIRGINIA AND APPALACHIA LABORER'S DISTRICT COUNCIL
ONE UNION SQUARE, SUITE #5
CHARLESTON, WEST VIRGINIA 25302
P: (304) 346-0581
F: (304) 346-1959
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MATT@WVALDC.ORG.