INDUSTRY APPRENTICESHIP REIMBURSEMENT FUND INVOICE

For the Month of: _____

Name of Apprentice	Apprentice Period	Dates Attended School	Total School Hours	Amount Due

Due on the 20th day following the month in which school days were attended.
Please use current Reimbursement Schedule. Contact SMACNA Detroit for updates.

NO PAYMENT WILL BE MADE UNLESS TIME CARD / SLIP FOR APPRENTICE IS ATTACHED.
Reimbursement will include only those days which can be substaintiated with a Time Card.
Only those hours shown on the Attendance Roster will be reimbursed.

Please complete all of the above information and forward to:

SMACNA Detroit
INDUSTRY APPRENTICESHIP REIMBURSEMENT FUND
3221 West Big Beaver Road, Suite 305, Troy, MI 48084
Phone 248-649-5450 Fax 248-649-2024
smacnad@smacnad.org

_____
Contact Person

_____
Company Name

_____
Company Address

_____
Phone

_____
City, State, Zip Code