

**Western Wisconsin IBEW / NECA
Joint Apprenticeship & Training Trust**

Request for Training Cost Reimbursement

Members Name: _____

Members Address: _____

City, State, ZIP: _____

Member Classification: _____

Date of Submission: _____

Course Title: _____
Course Sponsor: _____
Instructor: _____
Class Dates: _____
Total Class hours: _____
Total Course Cost: _____
Continuing Education Credit Hours Applied: _____

Request Approved <input type="checkbox"/>
Request Denied <input type="checkbox"/>
If "Request Approved" the Western Wisconsin IBEW / NECA JATT agrees to reimburse the above named participant the approved amount of the "Total Course Cost" upon successful completion of the above indicated training course. A copy of the completion certificate must be presented, prior to reimbursement being issued.
Trust Representative: _____
Date: _____

Proof of completion, proof of payment and a written request must be submitted to the Western WI IBEW/NECA (IBEW Local 14) office within sixty (60) days of the final class date. Reimbursement Requests received past sixty (60) days will not be considered for reimbursement.