

Journeyman Wireman Class Reimbursement Request

******Must provide proof of payment and completion of course******

Member Information

Name: _____

Address: _____

Phone: _____

Course Information

Course Name: _____

Course Description: _____

Completion Date: _____

% of Class Taken _____ (must be 80%)

% of Test Scores _____ (must be 80%)

Instructor: _____

Institution: _____

For office use

Date received: _____

Approved: Y N Reason _____

Date Reimbursed: _____