

**IBEW LOCAL 127**  
**Course Reimbursement Request Form**

Date \_\_\_\_\_

I am requesting reimbursement for \_\_\_\_\_  
(Name of class)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Signature \_\_\_\_\_

**EDUCATIONAL COURSE ATTENDANCE VERIFICATION**  
(To be filled out by Instructor)

This is to certify that \_\_\_\_\_  
(Name)

_____	_____	
_____	_____	_____
Name of class	Total hours available	Hours completed
_____	_____	_____
Instructors Signature		Date

**JATC CONFIRMATION**  
(To be completed by Committee)

The above named member has received authorization for continuing education reimbursement of \$ \_\_\_\_\_ for \_\_\_\_\_ class.

JATC Signature \_\_\_\_\_

Date \_\_\_\_\_