

**2ND QUARTER SAFETY REIMBURSEMENTS**

**ECT SAFETY REIMBURSEMENT REQUEST FORM**

***Due August 1st and LATE after August 10th***

**ATTENTION:           ACTIVE ALAMEDA COUNTY CONTRACTORS**

**SUBJECT:               2ND QUARTER \$500 SAFETY REIMBURSEMENT REQUEST-  
QUARTER ENDING JUNE 30TH**

Please attach all safety invoices to this form and fax back to 510.315.3240. In order to qualify for the \$500 safety reimbursement contractors should:

1. **have worked a minimum of 500 hours in the previous quarter (January 1 — March 31) & contributed to the Contractors Administration Fund for these hours**
2. **purchased items relating to safety during the current quarter and attach copies of invoices to this form**
3. **fax this form back to Deanna 510.315.3240 no later than August 10th**

In accordance with the rules of the Trust, I am requesting reimbursement of the following safety items. Please mail check to my attention using the information listed below.

Invoice Date	Item Description	Amount
<b>TOTAL</b>		
Signature & Title		
Company & Address		

[www.electricalcontractors.com](http://www.electricalcontractors.com)

**Coming Soon!**