

3RD QUARTER SAFETY REIMBURSEMENTS

ECT SAFETY REIMBURSEMENT REQUEST FORM

Due November 1st and LATE after November 10th

ATTENTION: ACTIVE ALAMEDA COUNTY CONTRACTORS

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

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 (April 1— June 30) & 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 November 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
TOTAL		
Signature & Title		
Company & Address		

www.electricalcontractors.com

Coming Soon!