



Continuing Education



Tuition Reimbursement Application

Please Print Clearly

Last Name: _____ First Name: _____ MI _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

State of WI Electrical License # _____ Social Security # _____

Contractor: _____ IBEW Member # _____

Circle One: Sound Comm. (Or) Residential Email (required): _____

Course Name _____

Course Location _____ Course Date(s) _____

Certification to be earned (if applicable) _____

Please briefly describe the course you wish to take (or have taken) that you wish to get reimbursed for:

Who will be receiving the reimbursement? (circle one): Contractor (OR) Employee

Employer/Employer Rep. (PRINT NAME) _____

Employer/Employer Rep. Approval Signature _____ Date _____

Total course tuition cost \$ _____ Total course material cost (i.e. books) \$ _____

Please list any other costs associated with this course below:

Description	Cost

Please submit all invoices, certificates earned, and course outline to support your reimbursement request. By signing below you certify that all information is correct and you attended classes that qualify for tuition reimbursement.

You can submit this form by any of the following:

Fax-414-246-9260 *Attention: Continuing Education*

Email-kkrueger@mejatc.com

U.S. Mail (New Office Location)-
Milwaukee Electrical JATC
Continuing Education
6300 W. Layton Ave.
Greenfield, WI 53220

Signature _____ Date _____