

Sub-Contractor Training Hours Reimbursement Affidavit

Project Number _____

Training Goal _____ hrs

Sub-Contractor Construction Company _____

_____ Construction Company has reimbursed the following Training Agency(s):
(Sub-Contractor Construction Company)

_____	\$ _____	_____	_____
(Training Agency)	(Paid in the amount of)	(Training Agency Signature)	(Date)

_____	\$ _____	_____	_____
(Training Agency)	(Paid in the amount of)	(Training Agency Signature)	(Date)

_____	\$ _____	_____	_____
(Training Agency)	(Paid in the amount of)	(Training Agency Signature)	(Date)

Total Training hours paid _____

Sub-Contractor Signature _____ Date _____