Prime Contractor Training Hours Reimbursement Affidavit

Project Number _____ Training Goal _____hrs

Prime Construction Company _____

_____ Construction Company has reimbursed the following Training Agency(s):
(Prime 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-Contractors paid for Training hours:

_____ $_____
(Sub-Contractor) (Paid in the amount of)

_____ $_____
(Sub-Contractor) (Paid in the amount of)

_____ $_____
(Sub-Contractor) (Paid in the amount of)

_____ $_____
(Sub-Contractor) (Paid in the amount of)

_____ $_____
(Sub-Contractor) (Paid in the amount of)

_____ $_____
(Sub-Contractor) (Paid in the amount of)

Prime Contractor Signature _____ Date _____