AGC CONSTRUCTION TRADES SUBSTANCE ABUSE TESTING AND ASSISTANCE PROGRAM (SATAP)

REIMBURSEMENT REQUEST

Company Name:		Date:			
Street:		_ City:	State:	Zip:	
Contact Name:	Phone Number:				
CHECK ONE (Please use	e a separate form	n for each tr	ade):		
Bricklayers & Allied Locals 1, 3, 6, 7, 9, 11		Cemer	nt Masons Local 59	99, Area 204	
	ocals 310, 314, 646, 731, Iron Workers Local 383 056, 1074, 1143 & 1146				
Laborers Locals 140,	268, 330, 464	Operat	ting Engineers Loc	al 139, Area II	
reimbursement for employer trustees will review and appupon the amount of availabed diluted test results once per who are delinquent in confice with your next remit working in the above locals	prove the amoun ble funds. The fur employee per yeaributions to the nit your Reimbur ttance forms. Or	t of reimburse ands will only ear. Reimbu te SATAP/LM resement Requally wages paid	reimburse for lost reement requests MC will not be howest to the appropriate to employees wh	sement is dependent wages paid for a from contractors nored. For prompt ate Benefit Fund's	
<u>Employee</u>	<u>Local</u> 	SSN	<u>Date(s) of</u>	f Selection	
FUND OFFICE ONLY:					
Total Employee Hours: Ho			rs @ \$:		
Check Amount:	k Amount: Date Paid:				