INVOICE

STEAMFITTERS AND PLUMBERS L.U. 464 INDUSTRY ADVANCEMENT FUND

NOTE: FAILURE TO SUBMIT THIS FORM BY THE 20TH OF THE FOLLOWING MONTH OF THE WORK BEING PERFOMED WILL RESULT IN NON-PAYMENT

Union Job Number: # _____ Contractor Name: _____

Job Name: _____ Contractor Job Numbers: # _____

Is the job complete? yes no

This invoice is to be submitted monthly to:
Steamfitters & Plumbers L.U. 464
13505 B St
Omaha, NE 68144

Man-Hour Time Sheet for Month Ending _____/_____/_____
month day year

Steamfitter Name	Last 4 of S.S.N.	CLASS	SUN	M	T	W	TH	F	SAT	Weekly Total*
										0
										0
										0
										0
										0
										0
										0
	*Daily Totals		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Numbers Must Match

_____ Signed by Job Foreman

_____ Date

_____ Signed by Job Steward or the Journey worker on the job

_____ Date