

CONTRACTOR SUBSIDY CLAIM FORM

Steamfitters and Plumbers L.U. 464 Industry Advancement Fund

This form must be submitted within 90 days of the bid date.

Union Job Number: _____

Contractor Job Number: _____

Job Awarded To: _____

Job Name: _____

Job Address: _____

Street

City

State

zip

Please record Bid Results if Possible

Contractor

Price

Contractor	Price

Time: _____ Date: _____

Signature: _____

Print Name: _____

Email Address: _____

NOTE: NO SUBSIDY WILL BE DISPERSED PRIOR TO THE COMPLETION OF THIS FORM

E-mail Completed Forms to: targetrequests@lu464.org

