

**MID-ATLANTIC LABORERS'**  
**TARGET FUND REIMBURSEMENT FORM**

Please send with this report a certified payroll summary with Employee Name, Employee Title (ie. Apprentice, Journeyman, or Foreman), Classification (type of laborers work), Local Union Affiliation, and Total Hours Worked each pay period. Also include a copy of the written approval of the request for participation.

Contractor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Duration of Project: \_\_\_\_\_ to: \_\_\_\_\_, 20\_\_\_\_

Total Laborer hours worked on this job: \_\_\_\_\_

Amount to be reimbursed \$ \_\_\_\_\_

Report prepared and submitted by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail to:  
Mid-Atlantic Laborers' Target Fund  
12355 Sunrise Valley Drive  
Suite 240  
Reston, VA 20191