



Reimbursement for Student Internship

American Line Builders Chapter, NECA
8044 Montgomery Rd.
Suite 522
Cincinnati, Ohio 45236
Phone: (513) 891-NECA (6322)

Date _____

| Intern's Name | Weeks Worked | Work Week Ending |
|---------------|--------------|------------------|
| | | |

College Attending: _____

Years of Completions: _____

Major: _____

***Attach appropriate payroll records for reimbursement.

Company Representative

Company Name

PLEASE EMAIL to Jmb@albneca.org or mail to the address above.

KPM 06/01/22