

International Brotherhood of Electrical Workers
Local Union No. 309

2000A Mall Street
Collinsville, IL 62234-1897
Phone: (618) 345-5112 Fax: (618) 345-3810



METATARSAL REIMBURSEMENT

Today's Date _____

Name _____

Address _____

City _____

State _____ Zip Code _____

Your reimbursement check:

Mailed to you _____ **or** Call to pick up _____

Contractor _____

Date of Purchase _____