



Holiday Fantasy in Lights Employer Reimbursement Form

Year: _____

Company Name: _____

Apprentice/CW Name: _____

Total Hours: _____

Wages \$ _____

H & W \$ _____

Pension \$ _____

NEBF \$ _____

Appr. & Training \$ _____

Appr. Coord. \$ _____

LMCC \$ _____

NECA Service Charge \$ _____ *(NECA members only)*

Admin. Fund \$ _____

Payroll Taxes \$ _____

Total: \$ _____

Employer Signature

Date

Please email or fax completed form to Wisconsin Chapter, NECA at
info@wisneca.com or **608-221-4652**