

BAC Local #3 NY Buffalo Chapter Benefit Funds

1175 William Street

Buffalo, NY 14206

Phone: (716) 842-1318

Fax: (716) 842-1347

TUITION REIMBURSEMENT FORM

Name: _____

Address: _____

Social Security #: _____ - _____ - _____

Telephone #: () _____ - _____

Name of Student(s)

Name of Educational Facility: _____

Address: _____

Telephone # : () _____ - _____

Federal Tax ID# : _____

I, the undersigned, certify that the above information is correct and that the attached receipts are paid in full to an educational institution covered under the Bricklayers & Allied Craftworkers Local #3 NY Buffalo Chapter Health & Welfare Fund. I understand that any false information and/or falsified documents I provide may subject me to criminal or civil fraud charges and/or larceny. Penalties for fraud offenses may include imprisonment, fines, probation, and restitution.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

CODE 3 : _____