



Joint Journeymen & Apprentice Training Center

2220 South Hill Street
Los Angeles CA 90007
(213) 747-0291 Office (213) 747-5669 Fax

TRAINING VOUCHER APPLICATION

Company Name _____

Address _____ City _____ Zip Code _____

Telephone Number _____ Email _____

Company Contact Person _____ Title _____

Voucher Information:

Specialized Supplemental Training _____

Course Title _____

Course Dates _____ Course Hours _____

Name of Student _____ Student's SS# xxx-xx-_____

Current Classification _____ Hourly Taxable Rate _____

Amount Applying For: (Hours x Rate) _____

For Training Center Office Use Only

Date Application Submitted _____ Amount Approved for Reimbursement _____

Voucher Approved by Director of Training/Coordinator _____ Date _____