

**MAINE APPRENTICESHIP PROGRAM**  
**IN-HOUSE TRAINING REIMBURESMENT REQUEST FORM**

Maine Department of Labor  
 55 State House Station, Augusta, ME 04333-0055

Training Reimbursement can only be made:

- To the individual or agency that actually paid the tuition costs on behalf of the apprentice
- For courses that are listed as "Required Related Instruction" and completed with a grade of C or better

A separate request must be submitted for each individual apprentice. Please attach documentation of course titles, dates and hours attended by the apprentice.

Apprentice Data:

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Occupational Program: \_\_\_\_\_

Sponsor: \_\_\_\_\_

COURSE TITLE(S)	DATE(S)	HOURS	x \$5.00/HR

TOTAL REQUEST: \$ \_\_\_\_\_

Apprentice Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Vendor/Sponsor Name: \_\_\_\_\_ Vendor Number: \_\_\_\_\_

VENDOR CODE	FUND	DEPT	UNIT	SUB	OBJ	TASK	TASK ORDER	AMOUNT APPROVED
	010	12A	B125	01	6510	B125	23110	\$ _____