

## **REIMBURSEMENT FOR ATTENDING IMPACT MANAGEMENT TRAINING CLASSES**

Attention All Local #1 Employers  
Special Offer re IMPACT Management Classes

From time to time, IMPACT offers management training courses for company personnel. Generally there are no registration fees for the classes, thanks to IMPACT, but participants must sign up in advance (first come, first served).

As an additional incentive, the Associated Steel Erectors Industry Promotional Fund will reimburse out-of-pocket costs incurred by employees attending the IMPACT management training classes, including:

- Transportation: roundtrip airfare or mileage @ \$.58 per mile
- Hotel room (see list below)
- Per Diem: \$50 per day for meals and other expenses

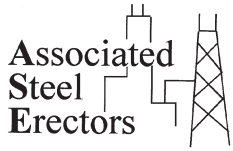
Program Requirements:

1. Register for the class, using the online links provided by IMPACT
2. Reserve hotel room per IMPACT instructions
3. Receive pre-approval from the Promotional Fund (email [staff@asemail.org](mailto:staff@asemail.org))
4. Send the following form to the Promotional Fund within 60 days of successful completion of the class

Please contact our office if you have any questions.

*Perry Doubt, Executive Director*  
ASE Promotional Fund  
119 E Van Buren Street  
Elmhurst IL 60126

Phone: 630-530-7560  
[staff@asemail.org](mailto:staff@asemail.org)



**ASE Industry Promotional Fund**  
 119 E Van Buren St. • Elmhurst, IL 60126  
 info@asemail.org  
 Fax: 630-530-2756 • Phone 630-834-5415

**Submit within 60 days  
of completing classes**

**ASE Promotional Fund**  
**IMPACT Training Class Reimbursement Request**

All applications must be submitted to the Industry Promotional Fund **within 60 days of completion of the IMPACT management class or program.**

**I hereby apply for reimbursement of travel and out-of-pocket expenses for attending the following IMPACT management training classes:**

**Program(s)** \_\_\_\_\_

**Date(s)** \_\_\_\_\_ **Location** \_\_\_\_\_

**Please reimburse me for the following expenses:**

Transportation		
(A) Airfare (\$ _____) or (B) Mileage ____ @ \$.58 mile		\$ _____
Hotel Room Charges (do not include meals or any other extra fees)		_____
Per Diem: ____ days @ \$50 to cover meals and other expenses		_____
Total Requested		\$ _____

**Attachments.** The following must be enclosed with this Reimbursement Request:

- (1) Proof of registration or attendance
- (2) Copies of hotel and airfare receipts.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ EMail \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Submit this form and the required documentation by mail, email or fax, to  
**ASE Industry Promotional Fund , 119 E Van Buren St., Elmhurst, IL 60126 (info@asemail.org)**