SAFETY, EDUCATION AND
TRAINING TRUST FUND
HEAVY & GENERAL
LABORERS'
LOCAL 172 & 472
1100 Black Horse Pike
Folsom NJ 08037
Tel: 609-567-1959 ext. 1

CLICKSAFETY OSHA30 REIMBURSEMENT FORM

I, (print name)

_____

have successfully completed ClickSafety OSHA30 Online Training. I have presented the OSHA30 Card/Certificate and payment receipt to the S.E.T. Fund for reimbursement to me, or my employer, for the cost. By signing this form, I acknowledge receipt of such reimbursement to myself, or my employer in the amount indicated.

DATE: _____

Please Indicate:

____ I paid, requesting payment to myself

____ Employer paid, requesting payment to employer

Correct Amount Paid:

____ **$197.99 OSHA30**

____ **Other amount, please specify**_____

In order to process your reimbursement, we need the following information:

Social Security Number: _____

Current Address: _____

_____

Phone Number: _____

Signature: _____

For payments to your employer:

Employers Company Name: _____

Employers Phone Number: _____

Employers Signature: _____

2023