



Construction Training Trust
 c/o GMR Associates, Inc., PO Box 24369
 Rochester, NY 14624-0369
 Phone 888-724-4817 Fax 585-426-6981

**PURCHASE
ORDER**

Date:

____/____/____

(Please Print or Type)

Construction Employer: _____

Authorized Representative _____

Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Directions: Attach the invoice to be paid by the Construction Training Trust to this form. Should these charges be deemed inappropriate, any payments and/or penalties will be the responsibility of the contributing employer. Neither the Trust, its officers nor administrators will be liable for any employer violations or misappropriation of funds. Trust expenditures for educational materials or services are exempt from New York State sales tax.

Payable to (Vendor Information):

Firm: _____ Representative _____

Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Allocate the costs to the trade(s) account(s) as appropriate:

| Check | Trade | Expense |
|-------|--------------------------------------|-----------|
| | Carpentry | \$ |
| | Equipment Operators | \$ |
| | Electrical | \$ |
| | Ironwork | \$ |
| | Masonry | \$ |
| | Plumbing | \$ |
| | Pipe fitter | \$ |
| | Roofing | \$ |
| | Sheet Metal Installation/Fabrication | \$ |
| | Skilled Craft Laborer | \$ |
| | Other Trade: | \$ |
| | | \$ |
| | TOTAL Purchases | \$ |

Attach a Description of Services/Materials and the Invoice to be paid to the vendor.

Summary Description of Expenses:

- Craft & Apprentice Training Course expenses
- Safety Training Expense
- Other

Purchase Orders will only be processed if signed by the authorized representative.

Authorized By (Print or Type Name): _____

Signature: _____

Date: ____/____/____ Total Purchase Order Value: \$ _____