

IBEW LOCAL 280 MRP REQUEST FORM

* These items must be complete or request will be denied

MRP TRACKING # _____

DATE SUBMITTED* _____

BID DATE AND TIME* _____

CONTRACTOR NAME* _____

CONTACT NAME* _____

PHONE # _____

PROJECT NAME* _____	LOCATION* _____
PROJECT DESCRIPTION* _____	
PROJECT GENERAL CONTRACTOR* _____	
ESTIMATED START DATE* _____	FINISH DATE* _____
IF PUBLIC WORKS PROJECT, CHECK ONE* FEDERAL _____ STATE _____	
ESTIMATED VALUE OF PROJECT* \$ _____	ESTIMATED MANHOURS* _____

*NON-UNION BIDDERS:

*UNION BIDDERS

*NON-UNION BIDDERS:	*UNION BIDDERS

THIS REQUEST IS FOR:

MATERIAL AMOUNT REQUESTED* \$ _____

WAGES # OF HRS* _____ AT \$ _____ PER HOUR

I CERTIFY THAT THIS REQUEST IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE

PRINT

NAME* _____ SIGNATURE* _____ DATE* _____

LOCAL #280 USE ONLY

APPROVED

NOT APPROVED

RESUBMIT AS C.E. PROJECT

MATERIAL MAXIMUM \$ _____

(M.A.I. MOU)

WAGES # OF HRS _____ AT \$ _____ PER HR, NOT TO EXCEED \$ _____

BY: _____

DATE: _____