

**IBEW LOCAL UNION #280
MARKET RECOVERY PROGRAM
WEEKLY MANHOURS REPORT**

THIS FORM MUST BE SUBMITTED MONTHLY

MRP# _____

Company Name Submitting Hours: _____

Project Name: _____

Name	Signature	M	T	W	T	F	S	S	Totals
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
Totals									

The Union reserves the right to revoke, cancel, or terminate any award under the Market Recovery Program where a request for reimbursement has been made for hours not actually worked, for hours worked on a different project, for hours worked on the project that are not included in the original contract (extras) or for invalid or omitted signatures.

Is the project completed? Yes _____ No _____

Signed by: _____ Week Ending Date: _____

This report is to be completed and mailed to:

**IBEW Local #280
P.O. Box 404
Tangent, OR 97389**