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MAIL INVOICE TO FOLLOWING ADDRESS:

Mid-Central Illinois Carpenters
Joint Labor Management
Substance Abuse Testing Fund
200 S. Madigan Drive
Lincoln, IL 62656

PH: 217-732-1919
FAX: 217-732-7799

INVOICE

Invoice Date:	
Invoice No.:	
Company Name:	
Street Address:	
City/State/Zip:	
Contact Person:	
Phone No.:	

EMPLOYEE'S NAME	SOCIAL SECURITY NO.	JOURNEYMAN APP 1-2 (%) APP 3-4 (%)	LOCAL NO. WORKING IN WHEN TESTED	DATE TESTED	HOURS FOR REIMB	WAGE & BENEFITS TOTAL	TOTAL DUE
			TOTAL				