



**Construction Training Trust**  
 c/o GMR Associates, Inc., PO Box 24369  
 Rochester, NY 14624-0369  
 Phone 800-724-4817 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:	\$
		\$
	<b>TOTAL Purchases</b>	<b>\$</b>

**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: \$ \_\_\_\_\_