

TRAINING FUND CONTRIBUTIONS
Masonry Industry Training Association

Name and Address of Contractor/Subcontractor making Contribution	
Contractor's License Number	Contract/Project Number
Jobsite Name _____ County _____	
Jobsite Address _____	
City _____ Zip _____	
Name and Address of Public Agency Awarding Contract	
Period Covered by Contribution Month-Year:	
PUBLIC WORK (STATE PREVAILING WAGE PROJECTS)	
OCCUPATION	INSERT CONTRIBUTION RATE PER HOUR
Bricklayer	x \$. per hour
Bricklayer	x \$. per hour
Bricklayer	x \$. per hour
Mason Finisher	x \$. per hour
Mason Finisher	x \$. per hour
PUBLIC WORK (FEDERALLY FUNDED PROJECTS)	
Bricklayer	x \$. per hour
Mason Finisher	x \$. per hour
ADDITIONAL CONTRIBUTIONS	
Voluntary Training Contribution to benefit the advancement of MITA's nonprofit training programs:	
TOTAL	
Signature	Date
Name & Title	Area Code & Phone Number

Please make checks payable to: MITA Training Trust Fund
 Mail to: MITA, 1018 Cudahy Place Ste A, San Diego, CA 92110
 Training Fund Contributions are due on the 15th of each month