



P.O. Box 21462
 Washington, DC 20009
 202-457-9040
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AFFILIATE MONTHLY REPORT

Association Name and Address		
		Report Month
	Contractor	# of Employees
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
		Total Hours

Total Hours _____ **Rate** _____ **Total** _____
 _____ times

I hereby certify that this is a true report of all hours paid during the report month

 Signature of Preparer

 Area Code and Telephone Number

Make Check Payable to ICE and mail with report to the address above. Reports due the 20th of the month following report month