Construction Industry Fund PO Box 7405 Carol Stream, IL 60197-7405 Phone (815) 399-0800 Fax (847) 519-1979

Please check all information below. If any changes please make corrections.

Payments received after the 25th are assessed 10% liquidated damages. Please allow 5-7 business days for delivery of mail. Month Hours Worked Emp. CDPayment Due Date or Contract # 6050 LOCAL 11 AREA 297 & 858 1) Report ALL HOURS worked each month per member and any 5) If NO WORK performed for month: please check NO fractions. (Do not round off hours to whole numbers). ALL HOURS WORK box and return a copy to CONSTRUCTION reported are for hours worked from the 1st day of each month INDUSTRY FUNDS. If no longer working in area, please FINAL RPT through the last day of each month check FINAL REPORT box. 2) Add ALL HOURS under column: "TOTAL HOURS". 6) Make check payable to CONSTRUCTION INDUSTRY 3) Take "TOTAL HOURS" times each rate code and type in amount PO Box 7405 Carol Stream, IL 60197-7405 under column: "TOTAL DUE". NO WORK Signature 4) Then add all figures under this column "TOTAL \$ DUE" and record this amount in box "GRAND TOTAL". Phone 55N NAME LOCAL# **TOTAL HOURS** TOTAL PLEASE LINE OUT any member no longer employed and ADD any new members REMITTANCE COPY (RETURN WITH CHECK) hired during this period. RATE CODE HOURLY RATE TOTAL HOURS REPORTED TOTAL \$ DUE WELFARE CONST IND WELFARE FUND \$13.10 RETIRE RETIREMENT FUND \$13.01 ADVANCE ADVANCEMENT FUND \$0.25 APPRENT APPRENTICESHIP \$0.80 LAB MGM LABOR MANAGEMENT \$0.06 **Grand Total**

MONTHLY REPORT OF PAYMENTS TO

Fox Valley & Vicinity Construction Workers Fund 75 Remittance Drive Suite 3163 Chicago IL 60675-3163 888-770-9297

FOR OFFICIAL USE ONLY

No Work This Month

297CM

ACCOUNT NO

The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining agreement with the District Council or Local of the Union covering the type and area of work the listed employees and also to each agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith

Change of Address

Change of Address

Change in Name

PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES

CODE

JOB LOCATION

297 Cement Plaster & Shop

JOB LOCATION			297 Cement Plaster & Shop				
SSN	Employee Name	Local	Vo.	Job Class	REG HOURS	OT HOURS	DT HOURS
						-	
	<u> </u>						
PLEASE SUPPLY I	BUSINESS PHONE NO:			TOTALS			

NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT, PLEASE INDICATE ANY CORRECTIONS.

BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.

PENS/FX	\$8.45	x = \$	
DUES	\$2.32	x = \$	
TRAINING	\$0.09	x = \$	
INT DUES	\$0.77	x = \$	
BUILDTR	\$0.30	x = \$	

TOTAL AMOUNT DUE \$

REPORTS ARE DUE BY THE 15TH OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES

SIGNED

MAKE ONE CHECK PAYABLE TO: FOX VALLEY & VICINITY CONSTR WORKERS BENEFIT FUNDS