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.

CE

Payments received after the 25th are assessed 10% liquidated damages.
Please allow 5-7 business days for delivery of mail.

Month Hours Worked . Payment Due Date

Emp. CD or Contract#

171 LOCAL 11 AREA 37 CEMENT & PLSTRS

1) Report ALL HOURS worked each month per member and any fractions (Do not round off hours to whole numbers) ALL HOURS reported are for hours worked from the 1st day of each month through the last day of each month
2) Add ALL HOURS under column: "TOTAL HOURS".
3) Take "TOTAL HOURS" times each rate code and type in amount under column: "TOTAL DUE".
4) Then add all figures under this column "TOTAL$ DUE" and record this amount in box "GRAND TOTAL"

5) If NO WORK performed for month: please check NO WORK box and return a copy to CONSTRUCTION INDUSTRY FUNDS, If no longer working in area, please check FINAL REPORT box.
6) Make check payable to CONSTRUCTION INDUSTRY PO Box 7405 Carol Stream, IL 60197-7405

Signature

Phone

FINAL RPT

NO WORK

SSN	NAME	LOCAL#	TOTAL HOURS
		TOTAL	

PLEASE LINE OUT any member no longer employed and ADD any new members hired during this period.

REMITTANCE COPY (RETURN WITH CHECK)

RATE CODE	HOURLY RATE	TOTAL HOURS REPORTED	TOTAL$ DUE
WELFARE CONST IND WELFARE FUND	$11. 35		
RETI RE RETI REMENT FUND	$11. 79		

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

ACCOUNT NO
FOR OFFICIAL USE ONLY

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.

Please Check Here

- ☐ No Work This Month
- ☐ FINAL Report
- ☐ Send More Forms
- ☐ Change of Address
- ☐ Change in Name

PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES	CODE	WORK MONTH
JOB LOCATION	037BA Residential	

SSN	Employee Name	Local No.	Job Class	REG HOURS	OT HOURS	DT HOURS
PLEASE SUPPLY 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.

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

PENS/FX	$8.50	x_____	= $_____
DUES	$2.00	x_____	= $_____
APPRENT	$0.56	x_____	= $_____
TRAINING	$0.09	x_____	= $_____
INT DUES	$0.67	x_____	= $_____
VACATION ST	$7.00	x_____	= $_____
VACATION OT	$10.50	x_____	= $_____
VACATION DT	$14.00	x_____	= $_____
A37 STRN	$0.11	x_____	= $_____

TOTAL AMOUNT DUE $_____

_____
SIGNED

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