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.

Phone (815) 393-0000 Fax (647) 313-1373						
		Payments Please allo	received after ow 5-7 business	the 25th are assessed 109 days for delivery of mail.	6 liquidated damages.	
		Month Ho	urs Worked	JUN-2022 Payme	ent Due Date 7/	15/2022
		Emp. CD or Contract #  171 LOCAL 11 AREA 37 CEMENT & PLSTRS				
1) Report ALL HOURS worked each month per n fractions. (Do not round off hours to whole nun reported are for hours worked from the 1st day through the last day of each month 2) Add ALL HOURS under column: "TOTAL HOUIS" Take "TOTAL HOURS" times each rate code a under column: "TOTAL DUE". 4) Then add all figures under this column "TOTAL record this amount in box "GRAND TOTAL".	nbers). <u>ALL HOURS</u> of each month RS". nd type in amount	<b>WORK</b> box and INDUSTRY FUN check FINAL RE	return a copy t DS. If no longer PORT box. payable to CON	month: please check NO to CONSTRUCTION working in area, please ISTRUCTION INDUSTRY 60197-7405		L RPT
				LOCAL#	TOTAL HOURS	
SSN	MAIVIC			LOCAL #	10/11/11/11	
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				TOTAL		-
PLEASE LINE OUT any member no longer employed and ADD any new members		DE141	REMITTANCE COPY (RETURN WITH CHECK)			
hired during this period.	yed and ADD any new members	KEIVII	ITTANCE COPY	(RETURN WITH CHECK)		
RATE CODE HOL		HOURLY RATE	TOTAL HOURS REPORTED		TOTAL\$ DUE	$\overline{}$
WELFARE CONST IND WELFARE I	DAU?	\$11.85				
RETIRE RETIREMENT FUND		\$12.44	<del></del>		<del>-</del>	
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		Grand Total				

## **ACCOUNT NO** MONTHLY REPORT OF PAYMENTS TO 037CM Fox Valley & Vicinity Construction Workers Fund 75 Remittance Drive Suite 3163 FOR OFFICIAL USE ONLY Chicago IL 60675-3163 888-770-9297 No Work This Month FINAL Report 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 Please Check Send More Forms type and area of work the listed employees and also to each Here agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith Change of Address Change in Name **WORK MONTH** CODE PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES JOB LOCATION 037 Cement & Plasterers DT HOURS SSN **Employee Name** Local No. Job Class **REG HOURS OT HOURS** PLEASE SUPPLY BUSINESS PHONE NO: **TOTALS** \$9.50 × = \$ PENS/FX NOTE: THE NAMES ON THIS REPORT WERE LISTED DUES \$2.40 x = \$\_\_\_\_ BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT, PLEASE \$0.56 x = \$ INDICATE ANY CORRECTIONS APPRENT TRAINING \$0.09 x = \$\_\_\_\_ BE SURE TO ADD THE NAME, CORRECT SOCIAL \$0.80 x = \$ INT DUES SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING VACATION ST $$7.00 \times = $$ THIS PERIOD. VACATION OT \$10.50 x = \$ \$14.00 x = \$ VACATION DT REPORTS ARE DUE BY THE 15TH OF A37 STRN \$0.11 x\_\_\_ \_\_\_ = \$\_ EACH MONTH, LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES TOTAL AMOUNT DUE

SIGNED

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