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 JUN-2022 Payment Due Date 7/1 Emp. CD or Contract# 600 CEMENT FINISHERS 587				
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 "GRANDTOTAL".		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 NOWO Phone				
SSN	NAME		LOCAL#	TOTAL HOURS		
PLEASE LINE OUT any member no longer employed and ADD	any new members	REMITTANCE	TOTA COPY (RETURN WITH C			
hired during this period. RATE CODE	HOURLY RA	ATE TOT	AL HOURS REPORTED	TOTAL\$ DUE		
WEL FARE CONST IND WELFARE FUND	\$11.					
RETIRE RETIREMENT FUND	\$16	.41				
ADVANCE ADVANCEMENT FUND	\$0.	.27				
APPRENT APPRENTICESHIP	\$0.	55				
						
		<u> </u>				

MONTHLY REPORT OF PAYMENTS TO

587CM	
FOR OFFICIAL USE ONLY	

ACCOUNT NO

	Fox Valley & Vicinity Construction Workers Fund						587CM		
		75 Remittance Drive Suite 3163					FOR OFFICIAL USE ONLY		
			_	-	1675-3163				
			88	38-770	-929/			No Worl	k This Month
				if not already a signator, hereby becomes rently applicable collective bargaining Council or Local of the Union covering the sted employees and also to each of Trust, and amendments, establishing it is made herewith.			Please		
		agreement with t type and area of agreement and I	he District (work the lis Declaration (Check		
	-	THE HURIOS FOT WITH	us payment	995in &	·			Change	of Address
							[Change	in Name
PLEASE USE SE	PARATE FORMS FOR D	DIFFERENT F	RATES	COD	E			WORK M	ONTH
JOB LOCATION				587CM	i Journeyman Ce	ment		,	
SSN	Employee Na	me	ne Local		No. Job Class		ours	OT HOURS	DT HOURS
· ·									
									
						<u> </u>			
						<u> </u>			
				·-··					
						-			
PLEASE SUPPLY	BUSINESS PHONE NO:				TOTALS		······································		
IOTE: THE NAMES ON THIS REPORT WERE LISTED Y THE FUND OFFICE AS THEY APPEARED ON OUR PREVIOUS MONTHLY REPORT, PLEASE NDICATE ANY CORRECTIONS LE SURE TO ADD THE NAME, CORRECT SOCIAL ECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.		PENS/FX			\$8.00 x		_ = \$	-	
		DUES			\$2.24 x		_ = \$		
		TRAINING			\$0.09 x		= \$		
		INT DUES			\$0.75 x		_ = \$		
		VACATION ST			\$2.05 ×		_ = \$		
		VACATION OT			\$3.08 x = \$		_ = \$		
		VACATION DT			\$4.10 x = \$		_ = \$		
	IE BY THE 15TH OF TE REPORTS ARE				TOTAL AMOU	NT DUE	\$		

SUBJECT TO LIQUIDATED DAMAGES

SIGNED

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