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
638CM
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	638CM Journeyman	

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

WELFARE	$11.65	x_____	= $_____
PENS/FX	$14.86	x_____	= $_____
DUES	$2.67	x_____	= $_____
IND ADV	$0.08	x_____	= $_____
RET SAV ST	$11.79	x_____	= $_____
RET SAV OT	$17.69	x_____	= $_____
RET SAV DT	$23.58	x_____	= $_____
APPRENT	$0.55	x_____	= $_____
LAB MAN	$0.10	x_____	= $_____
TRAINING	$0.09	x_____	= $_____
INT DUES	$0.89	x_____	= $_____
VACATION ST	$8.00	x_____	= $_____
VACATION OT	$12.00	x_____	= $_____
VACATION DT	$16.00	x_____	= $_____

TOTAL AMOUNT DUE $_____

_____
SIGNED

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