Construction Industry Fund PO 80x 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.

1) Report ALL HOURS worked each month per member and any fractions. (Do not round off hours to whole numbers). ALL HOURS	Please allow 5-7 bu  Month Hours Wo  Emp. CD or Co  6050 LOCA  5) If NO WORK perform	<del>-</del>	nail. ent Due Date
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	check FINAL REPORT bo	o CONSTRUCTION INDUSTR	FINALRPT
record this amount in box "GRAND TOTAL".	Phone		
SSN NAME		LOCAL#	TOTAL HOURS
	***************************************		
	· · · · · · · · · · · · · · · · · · ·	4	
PLEASE LINE OUT any member no longer employed and ADD any new members	REMITTANCE C	TOTAL OPY (RETURN WITH CHECK	
hired during this period,  RATE CODE	IOURLY RATE TOT	AL HOURS REPORTED	TOTAL\$ DUE
WELFARE CONST IND WELFARE FUND	\$12.85		
RETIRE RETIREMENT FUND	\$12.33		
ADVANCE ADVANCEMENT FUND	\$0.25		
APPRENT APPRENTICESHIP  LAB MGM LABOR MANAGEMENT	\$0.80 \$0.06		
			The state of the s
			Head of the control o
	Grand Total	A/A/A/A/A	

## MONTHLY REPORT OF PAYMENTS TO

ACCOUNT NO

	Fox Valley & Vicinity Construction Workers Fund 75 Remittance Drive Suite 3163			297CM FOR OFFICIAL USE ONLY					
	Chicago IL 60675-3163 888-770-9297					( of o, cloth ask off)			
						No Work This Month			
***	The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining  Please				Please	FINAL Report			
	agreement with the District Council or Local of th type and area of work the listed employees and a agreement and Declaration of Trust, and amendr			vering the Check	Check		Send More Forms		
<u>.</u>	the funds for which payment is made herewith.						Change of Address		
		··•					Change	in Name	
PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES		CODE				WORK MONTH			
JOB LOCATION		297 (	297 Cement Plaster & Shop						
SSN Employee Na	me Local	No.	Job Class	REG H	OURS	0	T HOURS	DT HOURS	
						-			
		<del></del>				-			
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					,,	-	~///**********************************		
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	PENS/FX		\$7.47 ×_	•	= \$_		····		
	DUES		\$2.23 x						
	TRAINING		\$0.09 x_		_ = \$				
	INT DUES		\$0.74 ×		_ = \$		<del></del>		
SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.			TOTAL AMOUN	IT DUR	\$				

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