Construction Industry Fund PO Box 7405 Carol Stream, IL 50197-7405 Phone (815) 399-0800 Fax (847) 519-1979

Please check all information below. If any changes please make corrections.

	Please allow 5-7 b Month Hours Wo	usiness days for delivery of		damages.		
	171 LOCA	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				
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#	1 10	OTAL HOURS		
PLEASE LINE OUT any member no longer employed and ADD any new members bired during this parted	REMITTANCE	TOTAL COPY (RETURN WITH CHEC				
hired during this period.						
RATE CODE HOURLY WELFARE CONST IND WELFARE FUND \$12	RATE TO	TAL HOURS REPORTED	TOTAL	.\$ DUE		
	.00	****				
Grand 7	Tabel					

## MONTHLY REPORT OF PAYMENTS TO

## Fox Valley & Vicinity Construction Workers Fund

ACCOUNT	NO
037CM	

		- 2	-,	SELMECIMII AADIV		i		
75 Remittance Drive Suite 3163 Chicago IL 60675-3163					FOR OFFICIAL USE ONLY			
		7	_	06/5-3163 )-9297			No Wor	k This Month
	The undersigned employer, if not already a signator, hereby becomes						FINAL Report  Send More Forms	
THE PERSON NAMED IN COLUMN 1	a signatory party to the currently applicable coffeotive 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							
	he funds for whic					J [	Change	of Address
							Change	in Name
PLEASE USE SEPARATE FORMS FOR D	IFFERENT R	RATES CODE				WORK MONTH		
JOB LOCATION			037	Cement & Plas	erers			
SSN Employee Nan	me Local		No. Job Clas		REG	IOURS	OT HOURS	DT HOURS
					_,		<u> </u>	
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		Henrikanner van verduselikstea	4.1.			****		
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			luder (II) researches			· · · · · · · · · · · · · · · · · · ·		
			*	<u> </u>	-	Da 77		
PLEASE SUPPLY BUSINESS PHONE NO:				TOTALS		·		
	PENS/FX			\$10.67	×	≖ \$		
NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON	DUES						- 300	
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.	APPRENT							
	TRAINING			\$0.09	x	_ = \$		
	INT DUES			\$0.83	х	= \$	norma nero d'anno comprenenta de la co	· ·
	VACATION	ST		\$7.00	x	_ = \$		
	VACATION	OT		\$10.50	×	= \$	diiriin aanaa aa	
	VACATION						<del></del>	
REPORTS ARE DUE BY THE 15TH OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES	A37 STRN			\$0.21	X <u>.</u>	_ = \$	**************************************	
				TOTAL AMO	UNT DUE	\$		

SIGNED

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