



**MONTHLY REPORT OF PAYMENTS TO**  
**Fox Valley & Vicinity Construction Workers Fund**  
**75 Remittance Drive Suite 3163**  
**Chicago IL 60675-3163**  
**888-770-9297**

<b>ACCOUNT NO</b>
037 CM
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			037 Cement & Plasterers					
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.

PENS/FX	\$10.67	x	_____	= \$	_____
DUES	\$2.50	x	_____	= \$	_____
APPRENT	\$0.81	x	_____	= \$	_____
TRAINING	\$0.09	x	_____	= \$	_____
INT DUES	\$0.83	x	_____	= \$	_____
VACATION ST	\$7.00	x	_____	= \$	_____
VACATION OT	\$10.50	x	_____	= \$	_____
VACATION DT	\$14.00	x	_____	= \$	_____
A37 STRN	\$0.21	x	_____	= \$	_____

**REPORTS ARE DUE BY THE 15TH OF 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