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,

		Please allow Month Hou	/ 5-7 business days	for delivery of mail Payment	% liquidated damages. : Due Date	
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 "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 NO WORK				
SSN	NAME			LOCAL#	TOTAL HOURS	
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CHARLES			ļ			
		· · · · · · · · · · · · · · · · · · ·		TOTAL		
PLEASE LINE OUT any member no longer employed and ADD any new members			REMITTANCE COPY (RETURN WITH CHECK)			
hired during this period.						
RATE CODE	Hour	RLY RATE	TOTAL HOURS R	EPORTED	TOTAL \$ DUE	
WELFARE CONST IND WEL	FARE FUND S	313.40		7777		
RETIRE RETIREMENT FU	ND \$	12.93				
ADVANCE ADVANCEMENT F	UND	\$0.34				
APPRENT APPRENTICESHI	P	\$0.80				
PROJECT PROJECT FIRST	RATE	\$0.05				
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	S)(a	nd Total				

## **ACCOUNT NO** MONTHLY REPORT OF PAYMENTS TO Fox Valley & Vicinity Construction Workers Fund 382CM 75 Remittance Drive Suite 3163 FOR OFFICIAL USE ONLY Chicago (L 60675-3163 888-770-9297 No Work This Month FINAL Report The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining Please agreement with the District Council or Local of the Union covering the Check type and area of work the listed employees and also to each Send More Forms Here agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith. Change of Address Change in Name WORK MONTH CODE PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES JOB LOCATION 382cm - Cement Journeyman SSN **Employee Name** Local No. Job Class **REG HOURS OT HOURS DT HOURS** PLEASE SUPPLY BUSINESS PHONE NO: **TOTALS** PENS/FX \$9.17 x = \$ NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT, PLEASE DUES \$2.33 x = \$ INDICATE ANY CORRECTIONS, TRAINING \$0.09 x = \$ INT DUES

BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.

\$0.78 x\_\_ = \$\_\_

TOTAL AMOUNT DUE

\$\_\_\_\_

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