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.  $\label{eq:corrections} % \begin{center} \end{constraints} % \begin{center} \end{center} % \begin{center} \e$ 

1) Report Alt HOL fractions. (Do not reported are for h through the last di 2) Add All HOURS	5} If <b>wo</b> IND che	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 #  1000 PLASTERERS 382  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.  FINAL RPT						
3) Take "TOTAL HO		<ul><li>6) Make check payable to CONSTRUCTION INDU PO Box 7405 Carol Stream, IL 60197-7405</li></ul>				3187		
under column: * 4) Then add all figu	Sign	Signature NO WORK						
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## MONTHLY REPORT OF PAYMENTS TO

## Fox Valley & Vicinity Construction Workers Fund 75 Remittance Drive Suite 3163 Chicago IL 60675-3163

ACCOO	NINO
382PL	
200 05510141	HEE ONLY

ACCOUNT NO

FOR OFFICIAL USE ONLY 888-770-9297 No Work This Month The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining FINAL Report Please agreement with the District Council or Local of the Union covering the Check Send More Forms type and area of work the listed employees and also to each 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 382pl -382 Plasterers Journeym 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	\$9.17	×	<b>#</b>	\$
DUES	\$2.28	X	×	\$
TRAINING	\$0.09	x	×	\$
INT DUES	\$0.76	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