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.

			ments received after the 25th are assessed 10% liquidated damages. ase allow 5-7 business days for delivery of mail.				
			s Worked ;	Payment I	kue Date		
			r Contract #	147,500			
		616	587 CEMENT RESIL	ENTIAL			
1) Report ALL HOURS worked each mo fractions. (Do not round off hours to v reported are for hours worked from the	S) 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						
through the last day of each month 2) Add <u>Att HOURS</u> under column: "TO 3) Take "TOTAL HOURS" times each ra							
under column: "TOTAL DUE". 4) Then add all figures under this columns are the same to box "GRAND TO".	mn "TOTAL \$ DUE" and	Signature			NO WORK		
record disamount is box divers to	J. P.S.	Phone	**************************************				
55N	NAME		LOCA	#	TOTAL HOURS		
and the state of t							

garantaan 1999 ah 1999							
					*		
			TOTAL				
PLEASE LINE OUT any member no long hired during this period.	ger employed and ADD any new members	REMITTA	NCE COPY (RETURN WIT	TH CHECK)			
RATE CODE	HOUF	RLY RATE	TE TOTAL HOURS REPORTED		TOTAL\$ DUE		
WELFARE CONST IND WEL	*	12.30					
ADVANCE ADVANCEMENT F		\$0.17					
APPRENT APPRENTICESHI	P	\$0.80					

			1-2-77				

		nd Total					

MONTHLY REPORT OF PAYMENTS TO

Fox Valley & Vicinity Construction Workers Fund

40001111	NO
ACCOUNT	NO

587RES

75 Remittance Drive Suite 3163						FOR OFFICIA	FOR OFFICIAL USE ONLY	
	Managaratic — — — — — — — — — — — — — — — — — — —	Chicago IL 60675-3163 888-770-9297 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.				No Work This Month FINAL Report Send More Forms		
	<u> </u>		on payment	is made	16.64(1).		<u> </u>	of Address
PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES CODE				E		WORK N	IONTH	
JOB LOCATION				587RE	S Residential			
SSN	SSN Employee Na		Local	No.	Job Class	REG HOUR	S OT HOURS	DT HOURS
		***************************************			***************************************			
				/·····································				
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						MALOSA ESSANCIAS - V.		
		de Maria de Caracterio de La Partir de Caracterio de Caracterio de Caracterio de Caracterio de Caracterio de C			NA mariamenta a manada da la maria a manada da la manada d			
<u> </u>			Martin			· · · · · · · · · · · · · · · · · · ·	·	
*			· · · · · · · · · · · · · · · · · · ·	······································				
PLEASE SUPPLY	I '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.		PENS/FX DUES			\$9.02 x			
		TRAINING	3					
BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.		INT DUES	3			= \$		
REPORTS ARE DI	UE BY THE 15TH OF NTE REPORTS ARE UIDATED DAMAGES							

SIGNED

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