Construction Industry Fund PO Box 7405 Carol Stream, It 60197-7405 Phone (815) 399-0800 Fax (847) 519-1979

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

		Payments received after the 25th are assessed 10% liquidated damages. Please allow 5-7 business days for delivery of mail.			
		1	urs Worked or Contract # 587 IOWA CEMENT N	Payment Du	e Date
1) Report ALL HOLIRS 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".		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 Signature NO WORK			
S\$N	NAME		LOCAL #	i	TOTAL HOURS
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The state of the s					
PLEASE LINE OUT any member no longer empk		· · · · · · · · · · · · · · · · · · ·	DTAL		
hired during this period.	oyed and ADD any new members	REMITT	ANCE COPY (RETURN WITH	CHECK)	
RATE CODE	HOUR	Y RATE	TOTAL HOURS REPORTED		TOTAL A DUE
WELFARE CONST IND WELFARE F		12.30	TOTAL HOORS REPORTED		TOTAL \$ DUE
RETIRE RETIREMENT FUND	1997	9.60			
APPRENT APPRENTICESHIP		50.80			
IOWA AC ALLIANCE FOR CONST		0.02			
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A second					
	Grani	d Total			

MONTHLY REPORT OF PAYMENTS TO

ACCOUNT NO

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

587IA FOR OFFICIAL USE ONLY 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 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 5871a - 587 Cement Masons Iowa SSN **Employee Name** Local No. Job Class **REG HOURS** OT HOURS DT HOURS PLEASE SUPPLY BUSINESS PHONE NO: **TOTALS** \$1.63 x = \$ DUES NOTE: THE NAMES ON THIS REPORT WERE LISTED TRAINING \$0.09 x = \$ BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT, PLEASE INT DUES INDICATE ANY CORRECTIONS. \$0.54 × = \$ BE SURE TO ADD THE NAME, CORRECT SOCIAL TOTAL AMOUNT DUE \$____ SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.

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