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.

Payments received after the 25th are assessed 10% liquidated damages.

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".			Please allow 5-7 business days for delivery of mail. Month Hours Worked Payment Due Date Emp. CD or Contract # 690 587 IOWA PLASTERERS 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 50197-7405 Signature NO WORK					
			Phone					
SSN		NAME			LOCAL #		TOTAL HOURS	
					TOTAL			
PLEASE LINE OUT any member no long hired during this period.	er employed and ADD any n	ew members	REMITT.	ANCE COPY	(RETURN WITH CHE			
RATÉ CODE		HOURLY	RATE	TOTAL H	OURS REPORTED	TO	TAL\$ DUE	
WELFARE CONST IND WEL	FARE FUND		.30			, , ,		
RETIRE RETIREMENT FU	VD	\$7	.68					
APPRENT APPRENTICESHI	•	\$0	.80					
IOWA AC ALLIANCE FOR (CONST EXCELL	\$0	.02					
		Grand 1	Cotol					

MONTHLY REPORT OF PAYMENTS TO

Fox Valley & Vicinity Construction Workers Fund

ACCOUNT NO 587IA

		75 R The undersigned el a signatory party to	Chicag 88 mployer, it	ance Drive Suite 3163 go IL 60675-3163 88-770-9297 if not already a signator, hereby becomes ently applicable collective bargaining Council or Local of the Union covering the Chack				FOR OFFICIAL USE ONLY No Work This Month FINAL Report		
<u></u>		lype and area of wo	ork the list claration o	ed empl	oyees and also to each and amendments, estab	- :	Check Here		Change	ore Forms of Address in Name
PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES				CODE				WORK MONTH		
JOB LOCATION				587 Iowa- Plasterers Iowa						
SSN	Employee Name		Local No.		Job Class	REG HOURS		OT HOURS		DT HOURS
	264				A STATE OF THE STA					
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PLEASE SUPPLY	BUSINESS PHONE NO:		***************************************		TOTALS					
Y THE FUND OFFICE ,	THIS REPORT WERE LISTED AS THEY APPEARED ON THLY REPORT, PLEASE CTIONS,	DUES TRAINING INT DUES			\$1.65 x_ \$0.09 x_ \$0.55 x_	Willer de la company de la	= \$			
E SURE TO ADD THE ECURITY NUMBER, A	NAME, CORRECT SOCIAL DDRESS AND BIRTHDATE				TOTAL AMOUN	r due	\$			

BE SE 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