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 5-7	ed after the 25th are assesse business days for delivery of	mail.
		Month Hours W Emp. CD or ( 1010 587	•	ent 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, it 60197-7405  Signature  NO WORK		
SSN	NAME		LOCAL#	TOTAL HOURS
PLEASE LINE OUT any member no longer en hired during this period.	nployed and ADD any new members	REMITTANCE	TOTAL COPY (RETURN WITH CHECK	()
RATE CODE	HOURLY F	ATE TO	TAL HOURS REPORTED	TOTAL \$ DUE
WELFARE CONST IND WELFARE				101463006
RETIRE RETIREMENT FUND	\$13.	.52		
ADVANCE ADVANCEMENT FUND	\$0.	.33		
APPRENT APPRENTICESHIP	\$0.	.80		
PROJECT PROJECT FIRST RAT	"E \$0.	05		
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	Grand To	otal		

## MONTHLY REPORT OF PAYMENTS TO **ACCOUNT NO** Fox Valley & Vicinity Construction Workers Fund 587PL 75 Remittance Drive Suite 3163 FOR OFFICIAL USE ONLY Chicago IL 60675-3163 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 agreement with the District Council or Local of the Union covering the FINAL Report Please 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 CODE **WORK MONTH** PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES JOB LOCATION 587pl - Plasterers Area 587 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 \$2.28 x = \$ INDICATE ANY CORRECTIONS. TRAINING \$0.09 x = \$ INT DUES \$0.76 x\_\_\_ \_\_\_\_ = \$<u>\_</u> BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD. 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**