## MONTHLY REPORT OF PAYMENTS TO

Fox Valley & Vicinity Construction Workers Fund								161CM						
75 Remittance Drive S Chicago IL 60675- 888-770-9297  The undersigned employer, if not already a s a signatory party to the currently applicable agreement with the District Council or Local											FOR OFFICIAL USE ONLY			
Chicago IL 60675-3163 888-770-9297									No Work This Mon					
a signatory part				rsigned employer, if not already a signator, hereby becomes					FINAL Report					
	agreement with type and area of	ement with the District Council or Local of the Union coveri and area of work the listed employees and also to each			ring the	ing the Check		Send More Forms						
		ement and Declaration of Trust, and amendments, establishing unds for which payment is made herewith					Change of Address							
								ľ		_				
									Change in Name WORK MONTH					
PLEASE USE SEPARATE FORMS FOR DIFFERENT RA				CODE					WORK WORTH					
JOB LOCATION Service Name				161CM Journeyman										
SSN	I Employee Nan		me Local		Job Class	REG HOURS		OURS	OT HOURS		DT HOURS			
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						7								
LEASE SUPPLY	BUSINESS PHONE NO:				TOTALS					-				
		WELFARE		•	\$12.70	x		= \$						
PTE: THE NAMES ON THIS REPORT WERE LISTED THE FUND OFFICE AS THEY APPEARED ON BUR PREVIOUS MONTHLY REPORT. PLEASE DICATE ANY CORRECTIONS		PENS/FX			\$16.60									
		DUES			\$2.83 x			= \$		<del></del>				
CURE TO ARR TUE	IND ADV													
SURE TO ADD THE NAME, CORRECT SOCIAL CURITY NUMBER, ADDRESS AND BIRTHDATE FALL EMPLOYEES WHO WERE HIRED DURING		RET SAV ST			\$16.20	x_		_ = \$						
IIS PERIOD.	RET SAV OT							·····						
	RET SAV DT													
	APPRENT			-										
EPORTS ARE DI ACH MONTH. LA	LAB MAN			\$0.10 x										
JBJECT TO LIQI	TRAINING INT DUES		•			<del></del>								
		TMI DORS	)		50.94	ж		<b>= S</b>						

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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.

REPORTS ARE DUE BY THE 15TH OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES

TOTAL AMOUNT DUE

\$0.94 x = \$

\$0.30 x = \$

\$0.04 x = \$

**ACCOUNT NO** 

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

SIGNED