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. Please allow 5-7 business days for delivery of mail.

		or Contract #	rked Emp. CDPaym TERERS 382	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".		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		
SSN	NAME		LOCAL#	TOTAL HOURS
PLEASE LINE OUT any member no long hired during this period.	er employed and ADD any new members	REMITTANCE C	TOTAL OPY (RETURN WITH CHECK	<u> </u>
RATE CODE	HOURLY	Y RATE TOTA	AL HOURS REPORTED	TOTAL \$ DUE
WELFARE CONST IND WEL	FARE FUND \$1	3.50		
RETIRE RETIREMENT FU	ND \$1	4.35		· · · · · · · · · · · · · · · · · · ·
ADVANCE ADVANCEMENT F	und \$	0.33		
APPRENT APPRENTICESHI	P \$	0.80		
PROJECT PROJECT FIRST	RATE \$	0.05		
W-100				
	Grand	Total		

MONTHLY REPORT OF PAYMENTS TO

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

382PL FOR OFFICIAL USE ONLY

ACCOUNT NO

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 agreement with the District Council or Local of the Union covering the 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 **WORK MONTH** CODE PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES JOB LOCATION 382pl -382 Plasterers Journeym SSN **Employee Name** Local No. **Job Class REG HOURS OT HOURS** DT HOURS PLEASE SUPPLY BUSINESS PHONE NO: **TOTALS** PENS/FX \$10.15 x = \$ NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON DUES \$2.36 x = \$ YOUR PREVIOUS MONTHLY REPORT, PLEASE \$0.09 x = \$ TRAINING INDICATE ANY CORRECTIONS. INT DUES \$0.79 x = \$ BE SURE TO ADD THE NAME, CORRECT SOCIAL BUILDTR SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD. \$0.30 x = \$___

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**