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.			
		Month Hours	Worked Emp. CDPaymo	ent Due Date	
		or Contract	# EMENT FINISHERS 587		
1) Report ALL HOURS worked each month per m fractions. (Do not round off hours to whole num reported are for hours worked from the 1st day through the last day of each month 2) Add ALL HOURS under column: "TOTAL HOUR 3) Take "TOTAL HOURS" times each rate code ar under column: "TOTAL DUE". 4) Then add all figures under this column "TOTA record this amount in box "GRAND TOTAL".	sbers). ALL HOURS  of each month  in  ch  is".  6)  nd type in amount  L \$ DUE" and	ORK box and return DUSTRY FUNDS. If the teck FINAL REPORT Make check payable to the teck payable to the te	ormed for month: please check in a copy to CONSTRUCTION no longer working in area, ple i box. ble to CONSTRUCTION INDUST Stream, IL 60197-7405	ase	FINAL RPT
500	NAME		LOCAL#	TOTAL	HOURS
SSN					
			· ·		
			TOTAL		
PLEASE LINE OUT any member no longer emplo hired during this period.	yed and ADD any new members	REMITTAN	ICE COPY (RETURN WITH CHEC	CK)	
RATE CODE	HOURLY F	ATF	TOTAL HOURS REPORTED	TOTAL\$ [	UE
WELFARE CONST IND WELFARE F					
RETIRE RETIREMENT FUND	\$16				
ADVANCE ADVANCEMENT FUND	\$0	.27			
APPRENT APPRENTICESHIP		.80			
AL I MAN 1					· · · · · · · · · · · · · · · · · · ·
				· · · · · · · · · · · · · · · · · · ·	
	Grand T	otal			vi

## MONTHLY REPORT OF PAYMENTS TO

## Fox Valley & Vicinity Construction Workers Fund 75 Remittance Drive Suite 3163 Chicago IL 60675-3163 888-770-9297

		ACCOUNT NO								
nd		58	587CM					587CM		
		FOF	FOR OFFICIAL USE ONLY							
			No Work This Month							
	Please Check Here		FINAL Report							
e			Send More Forms							
			Change of Address							
			Change in Name							

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 type and area of work the listed employees and also to each agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith.

PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES

| SOUTH | SOUTH

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

PENS/FX	\$10.15	x	= \$
DUES	\$2.41	x	= \$
PRAINING	\$0.09	x	= \$
INT DUES	\$0.80	×	= \$
VACATION ST	\$2.05	x	= \$
VACATION OT	\$3.08	x	= \$
VACATION DT	\$4.10	x	= \$
BUILDTR	\$0.30	x	= \$
		-	·

TOTAL AMOUNT DUE \$\_\_\_\_

SIGNED

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