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	Please allow 5-7 business days for delivery of mail.				
		Month Hours Worked Emp. CDPayment Due Date					
		or Contrac	et #				
		690	587 I	OWA PLASTERERS			
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 pe WORK box and re INDUSTRY FUNDS check FINAL REPO 6) Make check pay PO Box 7405 Card Signature	FINAL RPT NO WORK				
		Phone				the work the sea	
SSN	NAME			LOCAL#		TOTAL HOURS	
				·			
				Marian			
	·						
					-+		
				TOTA			
PLEASE LINE OUT any member no lo	DEMITT	ANCE CO	PPY (RETURN WITH CHE				
hired during this period.	War and the time the and the time time the time	(CIVIT 12	AIVEL CE	or i (incremit with circ	.c.r.j		
RATE CODE HOURI		Y RATE	TOTAL HOURS REPORTED		TOTAL \$ DUE		
WELFARE CONST IND WE	LFARE FUND \$3	12.55					
RETIRE RETIREMENT F	UND	7.68					
APPRENT APPRENTICESH	IP S	\$0.80			·······		
IOWA AC ALLIANCE FOR	CONST EXCELL	0.02					
	· · · · · · · · · · · · · · · · · · ·				,		
					······································		
	Gran	d Total					

MONTHLY REPORT OF PAYMENTS TO

ACCOUNT NO

	587IA	5871A						
75 Remittance Drive Suite 3163						FOR OFFICIAL USE ONLY		
Chicago IL 60675-3163 888-770-9297							rk This Month	
The undersigned employer, I				stready a signator, hereby pplicable collective bargain	FINAL Report			
agreement with the type and area of wo			h the District Council or Local of the Union covering the of work the listed employees and also to each d Declaration of Trust, and amendments, establishing				Send More Forms	
	the funds for which payr	nent is ma	Change of Address					
		Change in Name						
PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES				DDE	WORK MONTH			
JOB LOCATION				Iowa- Plasterer				
SSN	SSN Employee Nam		al No.	Job Class	REG HOURS	OT HOURS	DT HOURS	

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<u> </u>								
			······································					
					:			
								
PLEASE SUPPLY BUSINESS PHONE NO:				TOTALS				
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.		DUES		\$1.70 x	= \$_			
		TRAINING			= \$			
		INT DUES		\$0.57 x	= \$_			
		BUILDTR		\$0.30 x	= \$_	· · · · · · · · · · · · · · · · · · ·		
				TOTAL AMOU	NT 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