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.

a.

	Payments received after the 25th are assessed 10% liquidated damages. Please allow 5-7 business days for delivery of mail.			
	Month Hours Worked Payment Due 1 Emp. CD or Contract # 171 LOCAL 11 AREA 37 CEMENT & PLS'			
<ol> <li>Report <u>ALL HOURS</u> worked each month per member and any fractions. (Do not round off hours to whole numbers). <u>ALL HOURS</u> reported are for hours worked from the 1st day of each month through the last day of each month</li> <li>Add <u>ALL HOURS</u> under column: "TOTAL HOURS".</li> <li>Take "TOTAL HOURS" times each rate code and type in amount under column: "TOTAL DUE".</li> <li>Then add all figures under this column "TOTAL \$ DUE" and record this amount in box "GRAND TOTAL".</li> </ol>	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, IL 60197-7405 Signature	FINAL RPT		

Phone

SSN	NAME	LOCAL #	TOTAL HOURS
······································			
+			
777-14-1-1			
		TOTAL	

PLEASE LINE OUT any member no longer employed and ADD any new members hired during this period.

REMITTANCE COPY (RETURN WITH CHECK)

Grand Total

CE

	MONTHLY REPORT OF PAYMENTS TO							ACCOUNT NO	
	Fox Valley & Vicinity Construction Workers Fund 75 Remittance Drive Suite 3163 Chicago IL 60675-3163 888-770-9297					FOR OFFICIAL USE ONLY			
		The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaming				Please	FINAL Report		
		screened with the District Council or Local of the Lister of the					Check	Send More Forms	
								Change	of Address
PLEASE USE S	FPARATE FORMS FOR			COL	)E		[	Change WORK M	n Name
	PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES JOB LOCATION		4	037 Cement & Plasterers					
SSN	Employee Na	ame	Local	No.	Job Class	REG H	OURS	OT HOURS	DT HOURS
					<u> </u>		<u> </u>		
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PLEASE SUPPLY	BUSINESS PHONE NO:				TOTALS				]
NOTE- THE MAMES ON					\$12.65 x		_ = \$		
NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT, PLEASE INDICATE ANY CORRECTIONS.	DUES								
	APPRENT								
BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.	TRAINING			\$0.09 x					
	INT DUES			\$0.90 x					
	VACATION VACATION								
		VACATION			\$10.50 x_ \$14.00 x_		*		
REPORTS ARE DUE BY THE 15TH OF		BUILDEND					-		
EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES	A37 STRN								

TOTAL AMOUNT DUE

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## SIGNED

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