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.

> > Payment Due Date

Month	Hou	ırs	Worke	ed	
Emp.	CD	or	Conti	ract	Ħ
500		CI	MENT	FINI	SHE

PO Box 7405 Carol Stream, IL 60197-7405

check FINAL REPORT box.

Signature

Phone

5) If NO WORK performed for month: please check NO

INDUSTRY FUNDS. If no longer working in area, please

6) Make check payable to CONSTRUCTION INDUSTRY

WORK box and return a copy to CONSTRUCTION

CEMENT FINISHERS 382

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".

NAME LOCAL # TOTAL HOURS 55N TOTAL

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

REMITTANCE COPY (RETURN WITH CHECK)

TOTAL HOURS REPORTED RATE CODE HOURLY RATE TOTAL \$ DUE WELFARE CONST IND WELFARE FUND \$13.90 RETIRE RETIREMENT FUND \$12.93 ADVANCE ADVANCEMENT FUND \$0.34 APPRENT APPRENTICESHIP \$0.80 PROJECT FIRST RATE PROJECT \$0.05

CE

FINAL RPT

NO WORK

	ACCOUNT NO							
	Fox Valley & Vicinity Construction Workers Fund							
	75 Remittance Drive Suite 3163							
			-	0675-3163 )-9297				
		0	No Work This Month					
	T	he undersigned employer, signalory party to the curr	FINAL Report					
	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 Here						Send More Forms	
	agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith.							
	<u></u>		, <u> </u>				e of Address	
						Change	e in Name	
PLEASE USE S	EPARATE FORMS FOR DI	FFERENT RATES	RATES CODE			WORK MONTH		
JOB LOCATION		382cm - Coment Journeyman			neyman			
SSN	Employee Nan	ne Local	No.	Job Class	<b>REG HOURS</b>	OT HOURS	DT HOURS	
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		······································						
	<del></del>				İ			
				<u> </u>				
PLEASE SUPPLY	BUSINESS PHONE NO:			TOTALS .	L			
		PENS/FX		\$11.15 ×	= \$			
NOTE: THE NAMES ON BY THE FUND OFFICE	DUES			= \$				
YOUR PREVIOUS MONT	TRAINING		-	= \$				

NOTE: THE NAMES ON THIS REPORT WERE LISTED	PENS/FX		
BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT, PLEASE	DUES		
INDICATE ANY CORRECTIONS.	TRAINING		
	INT DUES		
BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.	BUILDFND		

\$2.57 x\_\_\_\_ = \$\_\_\_\_ \$0.09 x\_\_\_\_\_ = \$\_\_\_\_ \$0.86 x\_\_\_\_\_ = \$\_\_\_\_ \$0.60 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