

CE

Month	Hours Worked	Payment Due Date
Emp. CD or Contract #		
500	CEMENT FINISHERS	362

- NO WORK

REMITTANCE COPY (RETURN WITH CHECK)Grand Total

**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 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  
Check  
Here

☐ No Work This Month

☐ FINAL Report

☐ **Send More Forms**☐ Change of Address☐ Change in Name

PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES			CODE		WORK MONTH	
JOB LOCATION			382cm - Cement Journeyman			
SSN	Employee Name	Local No.	Job Class	REG HOURS	OT HOURS	DT HOURS
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.

PENS/FX

$$\$11.15 \times \quad = \text{¢}$$

DUES

$$\$2.57 \times \quad = \$$$

## TRAINING

\$0.09 x \_\_\_\_\_ = \$ \_\_\_\_\_

INT DUES

$$\$0.86 \times \underline{\hspace{2cm}} = \$$$

BUILDEND

\$0.60 % \_\_\_\_\_ = \$ \_\_\_\_\_

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