	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 D Emp. CD or Contract # 1000 PLASTERERS 382	Date			
 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 Add <u>ALL HOURS</u> under column: "TOTAL HOURS". Take "TOTAL HOURS" times each rate code and type in amount under column: "TOTAL DUE". 	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			

4) Then add all figures under this column "TOTAL\$ DUE" and record this amount in box "GRAND TOTAL".

Phone

SSN	NAME	LOCAL #	TOTAL HOURS
Senament ()			
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PLEASE LINE OUT any member no longer employed and ADD any new members hired during this period.

REMITTANCE COPY (RETURN WITH CHECK)

RATE CO	DDE	HOURLY RATE	TOTAL HOURS REPORTED	TOTAL \$ DUE
WELFARE	CONST IND WELFARE FUND	\$13.75		
RETIRE	RETIREMENT FUND	\$14.35		
ADVANCE	ADVANCEMENT FUND	\$0.33		
APPRENT	APPRENTICESHIP	\$0.80		
PROJECT	PROJECT FIRST RATE	\$0.05		

		MONTH	ily re	PORT	OF PAYMENTS TO		-	ACCOU	NT NO
		Fox Valley & Vicinity Construction Workers Fund 75 Remittance Drive Suite 3163 Chicago IL 60675-3163 888-770-9297 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							
						heck			
	PARATE FORMS FOR	DIFFERENT RATE		COD			[Change WORK M	in Name ONTH
JOB LOCATION			l		-382 Plastere		-		1
SSN	Employee Na				Job Class				
LEASE SUPPLY B	USINESS PHONE NO	<u>l</u>			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.	PENS/FX	\$11.15 x	= \$
	DUES	\$2.51 x	= \$ <u></u>
	TRAINING	\$0.09 x*	= \$
	INT DUES	\$0.84 ×=	= \$
BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.	BUILDFND	\$0.60 X=	= \$
		TOTAL AMOUNT DUE	\$

REPORTS ARE DUE BY THE 15TH OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES

SIGNED

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