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.

corrections.			

		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 Date Emp. CD or Contract # 600 CEMENT FINISHERS 587				
 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". The add all figures under this column "TOTAL \$ DUE" and record this amount in box "GRAND TOTAL". 		5) If NO WORK performed for month: WORK box and return a copy to CONS INDUSTRY FUNDS. If no longer workin check FINAL REPORT box. 6) Make check payable to CONSTRUC PO Box 7405 Carol Stream, IL 60197-1 Signature	FINAL RPT			
		Рһале				
SSN NAM		1	OCAL#	TOTAL HOURS		

PLEASE LINE OUT any member no longer employed and ADD any new members hired during this period. REMITTANCE COPY (RETURN WITH CHECK)

 \mathbf{PL}

	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, a signatory party to the curr agreement with the District (type and area of work the lis agreement and Declaration the funds for which payment	ently app Council o ted emp of Trust,	bloable collective bargain or Local of the Union cov loyees and also to each and amendments, estat	ning Please ering the Check	Change	Report lore Forms of Address in Name
PLEASE USE SE	PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES			E	WORK MONTH		
JOB LOCATION	8 18 1		58703	f Journeyman Ce	ment		
SSN	Employee Na	ame Local	No.	Job Class	REG HOURS	OT HOURS	DT HOURS
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		. <u></u>	
		mmaner	·····			i	
<u> </u>	······································		····· ·			·	
PLEASE SUPPLY B	USINESS PHONE NO:			TOTALS	· · · · · · · · · · · · · · · · · · ·	λ.	

NOTE: THE NAMES ON THIS REPORT WERE LISTED	PENS/FX
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
	TRAINING
	INT DUES
BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE	VACATION ST
OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.	VACATION OT
	VACATION DT
	BUILDFND
REPORTS ARE DUE BY THE 15TH OF	

\$11.15	x	. =	\$
\$2.56	x	#	<u>ę:</u>
\$0.09	×	. =	\$
\$0.86	x	, m	\$
\$2.05	×	. -	\$
\$3.08	×		\$
\$4.10			\$
\$0.60	x		

TOTAL AMOUNT DUE

\$_____

SIGNED

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

EACH MONTH. LATE REPORTS ARE

SUBJECT TO LIQUIDATED DAMAGES