\_

	Payments received after the 25th are assessed 10% liquidated Please allow 5-7 business days for delivery of mail.	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 # 1010 587 PLASTERERS	2			
1) 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 2) Add <u>ALL HOURS</u> under column: "TOTAL HOURS". 3) 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	FINAL RPT			
4) Then add all figures under this column "TOTAL \$ DUE" and record this amount in box "GRAND TOTAL".	Signature	NO WORK			

Phone

 SSN
 NAME
 LOCAL #
 TOTAL HOURS

 Image: Ima

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

REMITTANCE COPY (RETURN WITH CHECK)

RATE CODE
HOURLY RATE
TOTAL HOURS REPORTED
TOTAL \$ DUE

WELFARE
CONST IND WELFARE FUND
\$13.50

RETIRE
RETIREMENT FUND
\$13.52

ADVANCE
ADVANCEMENT FUND
\$0.33

APPRENT
APPRENTICESHIP
\$0.80

PROJECT
PROJECT PIRST RATE
\$0.05

Image: Construct of the state of the stat

 $\mathbf{p}\mathbf{r}$ 

		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 cu agreement with the District type and area of work the I agreement and Declaration the funds for which payment	Tently app Council of isted emp of Trust	licable collective bargair ir Local of the Union cov loyees and also to each and amendments, estab	ing Please ering the Check	Change	Report lore Forms e of Address a in Name
PLEASE USE SE	PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES CODE		WORK MONTH				
JOB LOCATION 5		587p	L - Plasterers .	·			
SSN	Employee N	ame Loca	l No.	Job Class	REG HOURS	OT HOURS	DT HOURS
	<u> </u>				-	<b></b>	
		· · · · · · · · · · · · · · · · · · ·					
	· · · · · · · · · · · · · · · · · · ·				······································		
PLEASE SUPPLY E	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.	PENS/FX	\$11.15	×	= \$ <u></u>
	DUES	\$2.51	x	= \$
	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	= \$ <u></u>
		TOTAL AM	OUNT DUE	\$

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

## SIGNED

the second s

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