FUND OFFICE MONTHLY REPORT OF PAYMENTS TO					ACCOUNT NO.		
COPY PLASTERERS AREA 5, DUES, WELFARE, PENSION, SAFETY,							
APPRENTICE TRAINING FUNDS AND RETIREMENT SAVINGS FUND					FOR OFFICE USE ONLY		
APPRENTICE REPORT FO	39 S. 25th Avenue VOOD, IL 60104-1995		PLEASE CHECK HERE				
	DELL	000D, IL 00104-1995		FINAL report			
		a management					
FIRM NAME	8			Send more forms			
	PHONE: 708-544-9100 EXT. 234						
ADDRESS	FAX: 708-544-9130			Chang	je of address		
СІТҮ		URGENT: AN E			Chanc	je in name	
	REPORT EVEN THOUGH NO PLASTERERS WERE EMPLOYED. IF NO PLASTERERS						
BUS. PHONE & AREA CODE	WERE EMPLOYED DURING THE MONTH, CHECK HERE. FAX: (70B) 544-9130			No work this month			
		CHEOR HERE.	1 A. (100) 544				
EMAIL				HOURS WORK	ED		
REPORT DUE 15th OF MONTH. LATE REPORTS SUBJECT TO MINIMUM OF 15% LIQUIDATED DAMAGES							
COLUMN 1	MPLOYEE			COL.5	COL. 6		
SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	REGULAR	SATURDAY HOURS	DOUBLE TIME HOURS	HOURS	
2							
TOTAL HOURS							
		DO NOT USE		TOTAL			
EMPLOYER'S WARRANTY AND ACCEPTA that this report accurately states all hou	THE SPACE BELOW	42.1	42.17 HRS. WORKED (COL. 6) \$				
its employ. In addition, the employer here collective bargaining agreement executed	RECEIVED DATE	6.0	6.00 DOUBLE TIME HRS. WORKED (COL. 5) \$				
Area 5 and the Midwest Wall and Ceiling Contractors Association. Further, the undersigned hereby expressly accepts and agrees to be bound by the trust agreements governing Cook				CATUDDAY			
County Cement Masons' Welfare, Pensio		3.0	3.00 HRS. WORKED (COL. 4) \$				
accepts all of the terms thereof with the							

ADJUSTMENTS TOTAL AMOUNT DUE

MAKE ONE CHECK PAYABLE TO: CHICAGO PLASTERING INSTITUTE BENEFIT FUNDS.

SIGNATURE OF OWNER-PARTNER-OFFICER

\$

\$