MONTHLY REPORT OF PAYMENTS TO
Laborers' Local 703
Check-off and Legal
108 E. Anthony Drive
Urbana, Illinois 61802-7343
Phone 217-367-0703

Report for Month of

Job Location(s)

CHECK IF FINAL REPORT
CHECK IF HEAVY & HWY. CONSTR.
CHECK IF BUILDING CONSTRUCTION
CHECK IF NO LABORERS WORKING THIS MO.
CHECK IF MORE FORMS NEEDED
If no Laborers in Month - write "None" and return.

SOCIAL SECURITY NO. | NAME OF EMPLOYEE | LOCAL NO. | TOTAL HOURS FOR MONTH | WAGE RATE | GROSS
--- | --- | --- | --- | --- | ---

CONTRIBUTION: RATE | HOURS | AMOUNT
SEND TO LOCAL 703
CHECK-OFF $2.25 | | |
LEGAL .30 | | |

ISSUE ONE CHECK, AND SEND TO LOCAL 703
SEE CENTRAL ILLINOIS FRINGE BENEFIT FORM FOR PENSION, IL TRAINING AND I.A.F.

We hereby certify that this report includes all hours worked by laborers in our employment for the months shown above and further that the Employer whose name and entity is set forth below subscribes to and agrees to be bound by and confirms and adopts all of the provisions and terms of the Agreement and Declaration of Trust establishing the Laborers' Local 703 Welfare Fund dated 5-1-80 and the Agreement and Declaration of Trust establishing the Central Laborers' Pension Fund dated January 2006, and all amendments thereto. It is further agreed to accept all of the provisions of the said Agreement and Declaration of Trust as to both Trust Agreement and accepts all of them as fully as if the same were herein contained and further agrees to accept in full for himself and on behalf of all his employees any and all contributions or payments made as required under the terms of said Agreement and Declaration of Trust.

TO OVERSEE THE PAYMENT OF THE ABOVE-NAMED AMOUNTS, WE HAVE AGREED TO PAY THE FOLLOWING:

RECEIVED
CHECK NO.
AMOUNT

RECEIVED
CHECK NO.
AMOUNT

SHORTAGE
OVER PAYMENT

$