

(SIBA)

Monthly report of payments to
Southwestern Illinois Laborers' District Council
Laborers-Employers Cooperation and Education Trust
 20 Bronze Pointe North · Swansea, Illinois 62226 · Phone: (618) 234-2704 · FAX: (618) 234-2721

*Please do not submit report forms when
 you have no laborers working for the month*

CHECK IF FINAL REPORT

Employer No.	Business Phone No.	Local Union No.	For Month/Year Of	
		397		
Social Security No.	Name of Employee	Hours Worked in Period	LPL (amount withheld)	District Council Check-Off (amount withheld)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

TOTALS

FUND	RATE	HOURS	AMOUNT	DO NOT USE THIS SPACE – FOR SWILDC LECET OFFICE USE ONLY		
LECET	.65			Received	Check No.	Amount
SICAP	.10					\$
LPL (total withheld)	.10			<ul style="list-style-type: none"> Submit a separate report for each local union Please complete form in entirety Make check payable to: LECET Holding Account Forms available on our website: swildc.com 		
DISTRICT COUNCIL CHECK-OFF (total withheld)	.70					
397 SUPPLEMENTAL DUES (total withheld)	.50					
TOTALS						

*Contributions are to be received at the fund office on or before the 15th day of each month for hours worked during the previous month. Contributions received after date due may be assessed at the rate of 1½% compounded Monthly (18% annum).

We hereby certify that this report includes all hours worked by laborers in our employment for the month 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 Contracts, Agreement and Declarations of Trust establishing the Southwestern Illinois Laborers' District Council LECET Fund dated August 20, 1993, and all amendments, revisions, additions and deletions thereto as to Trust Agreement, and accepts all of them as fully as though the same were herein contained and further agrees to accept as a personal obligation for himself and on behalf of his firm to oversee the payment of the established rates of contributions to the aforesaid Fund.

Signature _____ Title _____ Date _____