PIPEFITTERS	LOCAL 636
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PO BOX 278

TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

MECHANICAL/MAINTENANCE TRADESMAN

SEC 130

 MONTH:
 FROM:
 TO:

 THIS REPORT WITH PAYMENT MUST BE RECEIVED BY THE PIPEFITTERS LOCAL 636 TRUST FUNDS NO LATER THAN THE 15th OF THE MONTH FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. FOR WEEKLY EMPLOYERS FUNDS ARE DUE NO LATER THAN SEVEN (7) BUSINESS DAYS AFTER THE WEEK ENDING SUBMIT DATE. REMITTANCE IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

SOCIAL SECURITY NUMBER		EMPLOYEE NAME		TOTAL HOURS WORKED	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK				
					HOURS (B)	RATE	AMOUNT (C)		
				Ĩ					
			TOTAL						
TOTAL HOURS (A)		X \$8.48 PER HOUR	X \$8.48 PER HOUR = \$		MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636				
WAGE REDUCTION (B)		HOURS TO	HOURS TOTAL (C) \$		MAIL TO: PIPEFITTERS LOCAL 636 PO BOX 638042				
		TOTAL THIS F	TOTAL THIS REPORT \$			CINCINNATI, OH 45263-8042			
		ORT ON TIME OR CALCULATED INCORRE RGE IS 10 % OF THE REMITTANCE AMOU			TED DAMAGES CHAR	GE WHICH WIL	L BE ADDED TO THE REMITTANCE		
							T ALLOCATE THIS AMOUNT TO THE		
FRINGE BENEFITS		INSURANCE FUND. PLEASE					IBECTI Y TO THE PIPING		
INSURANCE FUND	\$5.60								
DUES FUND	\$0.78	3							
DEF. CONTRIB FUND	\$1.00	ADMINISTRATIV	E USE ONLY	EMPLOYE	-B-				
P.I.E.T.FUND	\$0.50	DATE RECEIVED:							
INT'L TRAINING FUND	\$0.10			ADDRESS	ş.				
PIPING ED COUNCIL FUND	\$0.40			1.5511200					
IAR FUND	\$0.10			CITY:		ST	T: ZIP:		
		CHECK NUMBER:		- 1					
TOTAL	\$8.48	٤		TELEPHO	NE:		CHECK FOR		
		CHECK AMOUNT:					MORE FORMS		
		ENTERED BY:		SIGNATU	RE:		DATE:		
SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE									
JURISDICTION OF THE PIPEFITTER CURRENT COLLECTIVE BARGAINI	RS LOCAL	T THE INFORMATION CONTAINED IN THIS . 636 FOR THE PERIOD INDICATED. BY FII EMENT BETWEEN THE PIPEFITTERS LOC UNDS. SPECIFICALLY INCLUDING PROVIS	LING THIS REPORT, T CAL 636 AND THE MEC	HE ABOVE N HANICAL CO	AMED EMPLOYER AG	REES TO BE E	BOUND BY ALL THE TERMS OF THE		
Bey Date 6/6/2016 (No Chos)				-			·		