

Millworkers Health and Welfare Plan (Unifor) Fund REMITTANCE REPORT

c/o D.A.TOWNLEY

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EMPLOYER ADDRESS		PHONE E-Mail: CONTACT FAX:							
FOR THE MONTH OF : Period covered from:		CHECK HERE IF YOU NEED MORE FORMS							MS
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SIN	SURNAME	EMPLOYEE	INITIALS	LOCAL	STRAIGHT TIME	OVERTIME HOURS WORKED	TOTAL HOURS WORKED	GROSS WAGES (including Vacation and Statutory pay)	UNION DUES % of Gross Wages
								(managed and a state of pay)	,,
							1		
PAYMENT COVERS:									
Health & Welfare Plan		Total Ho	urs worked			\$2.55	=	\$	
Apprenticeship & Training Fun	d	Total Ho	urs worked			\$0.24	=	\$	
Social Justice / Humanity Fund	d	Total Ho	urs worked			\$0.01	=	\$	
Administration Fund		Total Ho	urs worked			\$0.21	=	\$	
Union Dues (% of Gross Wage	es, including	vacation and s	tatutory pay)			=	\$	
							TOTAL DUE:	\$	

CHEQUE TO BE MADE PAYABLE TO: MILLWORKERS HEALTH AND WELFARE PLAN (UNIFOR) TRUST FUND