



# INTERNATIONAL UNION OF OPERATING ENGINEERS

Date      /      /     

**PERIOD**  
06/01/2014  
Thru  
05/31/2015

**LOCAL 138 STAMP FUND**  
**POST OFFICE BOX 206**  
**FARMINGDALE, NEW YORK 11735**  
PHONE (631) 694-2478    FAX (631) 694-6932

**Stamp Fund Use Only**  
**HEAVY AND HIGHWAY**

Employer \_\_\_\_\_ EIN No. \_\_\_\_\_ Job Location \_\_\_\_\_  
Address \_\_\_\_\_ Submitted By \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Week      /      /      Thru      /      /       
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Employee Social	Employee Name	Regular	Overtime	Grease Time
<b>TOTAL</b>				

I certify that the information contained in this report and any attachments is true and correct. Hours reported represent all hours paid to members of the above Local Union in the employ of the named Employer for the period specified.

**IMPORTANT:** THE EMPLOYER, BY EXECUTING THIS CONTRIBUTION FORM AGREES TO BE BOUND BY THE CURRENT COLLECTIVE BARGAINING AGREEMENT WITH I.U.O.E. LOCAL 138 INCLUDING BUT NOT LIMITED TO BCA AND/OR LICA AND THE APPLICABLE TRUST AGREEMENTS AND PLAN OF THE JOINT TRUST FUNDS HEREUNDER AS AMENDED FROM TIME TO TIME.

**Signature** \_\_\_\_\_  
**Title** \_\_\_\_\_

**CHECK NO.** \_\_\_\_\_ **TOTAL \$** \_\_\_\_\_

**Number of employees on all sheets**

**See reverse for fund allocation and reference tables**

