

BOILERMAKER EMPLOYERS ASSOCIATION
a Division of the
MECHANICAL CONTRACTORS ASSOCIATION
OF NORTHWESTERN OHIO, INC.

CONTRACTOR SAFETY FUND SUBMITTAL FORM

Contractor _____

REPORTING PERIOD:

Address _____

Beginning _____

City _____ State _____ Zip _____

Through _____

Authorized Signature _____ Date _____

This report and payment should be submitted to the MCA on the 20th day of the month following the period of the report. Payment should be made on a "hours worked basis".

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EMPLOYEE'S NAME

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

TOTAL HOURS _____ X \$.10 = _____

MAKE CHECK PAYABLE TO:
MCA of N.W. Ohio, Inc.

MAIL TO:
7550 Caple Blvd.
Northwood, Ohio 43619

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HOURS WORKED/PERIOD