Local 709 P.I.P.E. Contribution Form

Month:				Send Payment to:	
Year:		So. Calif. Pipe Trades Administrative Corp.			rative Corp.
				501 Shatto Place, Fifth Floor	•
Company Name:					
Contractor Number:				Los Angeles, CA 90020	213-385-6161
	TOTAL AMOUNT DUE:				
				P.I.P.E. Contribution	Total P.I.P.E.
Emr	oloyee Name	Social Security No.	Hours Worked	\$0.20 Per Hour	Contribution
First Name	Last Name				
 	1				

Local 709 P.I.P.E. Contribution Form

Month:				Send Payment to:	
Year:		So. Calif. Pipe Trades Administrative Corp.			
Company Name:				501 Shatto Place, Fifth Floor	
Contractor Number:				Los Angeles, CA 90020	213-385-6161
					213-303-0101
	TOTAL AMOUNT DUE:				
Employee Name		Social Security No.	Hours Worked	P.I.P.E. Contribution \$0.20 Per Hour	Total P.I.P.E. Contribution
First Name	Last Name				
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End Data. Insert more rows if needed			\$0.05	