

**REFRIGERATION AND AIR CONDITIONING DIVISION  
(U.A. of N.J.) FUNDS**

**WEEKLY EMPLOYER CONTRIBUTION REPORT**

Page \_\_\_\_\_ of \_\_\_\_\_

I.E. SHAFFER & CO. — ADMINISTRATORS  
P. O. 1028 • TRENTON, NJ 08628-0230  
(609) 883-6688 • (800) 792-3666

**WHEN A NEW SUPPLY  
OF FORMS IS NEEDED  
CHECK THIS BOX**

Payroll Period Commencing \_\_\_\_\_ and Ending \_\_\_\_\_

SOCIAL SECURITY NUMBER			First Initial	Middle Initial	(Type or Print) LAST NAME	REG. HRS.	TIME & ½ HRS.	DBLE TIME HRS.	VACATION FUND HRS.	GROSS HRS.

	WELFARE GROSS HRS.	PENSION GROSS HRS.	VACATION ACTUAL HRS.	EDUCATION GROSS HRS.	INDUSTRY GROSS HRS.	ANNUITY GROSS HRS.	ITF GROSS HRS.	MSCA ACTUAL HRS.	MKT. RECOV. ACTUAL HRS.
Total Hours .....									
Contribution Rate .....									
Total Amount Payable .....									
Adjustments .....									
Net Amount .....									

**INSTRUCTIONS**

Reports and contributions MUST BE MADE WEEKLY. TOTAL ALL PAYMENTS DUE \$ \_\_\_\_\_. Issue one check payable to REFRIGERATION and AIR CONDITIONING DIVISION (U.A. of N.J.) DISTRIBUTION FUND. Mail white copy with check to I.E. Shaffer & Co., P.O. Box 1028, Trenton, NJ 08628-0230, so as to reach us not later than the fourth working day following the close of each payroll week.

I certify the information contained in this report is true and correct and that the above listed Employees represent all and only those Employees under the terms of an agreement between the Employer and the New Jersey State Committee representing the United Association and the Refrigeration and Air Conditioning Division (U.A.-N.J.). The undersigned Employer hereby agrees to make all payments for wages, fringes and industry program as required by the existing Collective Bargaining Agreement between the Local Union and the Local Contractor Association and the several fringe benefit Trust Agreements adopted pursuant thereto. The undersigned Employer hereby agrees that the within payments to all of the listed Funds are being made in accordance with said Agreements covering the territorial jurisdiction of the Local Union and further agrees that it will abide by all of the terms and conditions of said Agreements during the term thereof.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Employer Tax I.D. No.

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
(Preparer Signature) (Title) (Date)

\_\_\_\_\_  
(Principal/Officer Signature) (Title) (Date)