

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
 LOCAL 1197
 STEWARD REPORT

MONTH	WEEK OF	THRU					YEAR			TOTAL
	NAME	SUN	MON	TUE	WED	THU	FRI	SAT		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

Contractor _____
 Address _____

Superintendent _____

Location _____

Remarks _____
 Steward Name: _____ Phone # _____

**PLEASE REMEMBER TO MAIL THIS FORM TO
 LOCAL 1197 P.O. BOX 56 MC LEANSBORO, IL 62859
 AT THE END OF EVERY MONTH**
www.local1197.com 866-317-1197 FAX 618-643-2822