

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
 LOCAL 1197
 STEWARD REPORT

MONTH	WEEK OF	THRU	YEAR	NAME	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
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 877-317-1197 FAX 618-643-2822