BAC
LOCAL No. 9
Pennsylvania
1-800-238-0999

MONTH

YEAR

STEWARD'S REPORT

Job Name _____

Masonry Contractor _____ Chapter _____ City _____

MASONRY CONTRACTOR ADDRESS _____ County _____ Twp. _____

JOB STEWARD SIGNATURE _____

Member Name and IU No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
FOREMAN																																
STEWARD																																