



FRINGE BENEFIT STATEMENT

(To be submitted prior to first certified payroll and/or when changes have been made)

Contract #:	Project Title:	Today's Date:
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Contractor/Subcontractor:	Address:
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In order to ensure the proper fringe benefit rates can be verified when checking payrolls for the above contract, the hourly rates for fringe benefits, subsistence and/or travel on the allowance payment made for employees on the various classifications of work are tabulated below.

Employee Classification or Name: List Below	Effective Date:	Name & Address of Plan, Fund or Program
Work Classification:	\$ _____ Vacation ^	
	\$ _____ Health & Welfare ^	
Employee Name (if applicable):	\$ _____ Pension ^	
	\$ _____ Apprentice/Training ^	
	\$ _____ Other (Please Explain) ^	
Work Classification:	\$ _____ Vacation ^	
	\$ _____ Health & Welfare ^	
Employee Name (if applicable):	\$ _____ Pension ^	
	\$ _____ Apprentice/Training ^	
	\$ _____ Other (Please Explain) ^	
Work Classification:	\$ _____ Vacation ^	
	\$ _____ Health & Welfare ^	
Employee Name (if applicable):	\$ _____ Pension ^	
	\$ _____ Apprentice/Training ^	
	\$ _____ Other (Please Explain) ^	

Company Name (Please Print)	Name & Title	Signature
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