

CONTRACTOR FRINGE BENEFIT STATEMENT

Contract Number/Name	Contract Location:	Today's Date:
----------------------	--------------------	---------------

Contractor/Subcontractor Name:	Business Address:
--------------------------------	-------------------

In order that the proper Fringe Benefit rates can be verified when checking payrolls on the above contract, the hourly rates for fringe benefits, subsistence and/or travel allowance payment made for employees on the various classes of work are tabulated below.

Classifications:	Effective Date:	Subsistence or Travel Pay:
		\$0.00
Health & Welfare	PAID TO: Name: Address:	
Pension	PAID TO: Name: Address:	
Vacation / Holiday	PAID TO: Name: Address:	
Training	PAID TO: Name: Address:	
Other	PAID TO: Name: Address:	

Classifications:	Effective Date:	Subsistence or Travel Pay:
		\$0.00
Health & Welfare	PAID TO: Name: Address:	
Pension	PAID TO: Name: Address:	
Vacation / Holiday	PAID TO: Name: Address:	
Training	PAID TO: Name: Address:	
Other	PAID TO: Name: Address:	

Classifications:	Effective Date:	Subsistence or Travel Pay:
		\$0.00
Health & Welfare	PAID TO: Name: Address:	
Pension	PAID TO: Name: Address:	
Vacation / Holiday	PAID TO: Name: Address:	
Training	PAID TO: Name: Address:	
Other	PAID TO: Name: Address:	

Supplemental statements must be submitted during the progress of work should a change in rate of any of the classifications be made

Submitted: Contractor/Subcontractor	By: Name/Title
-------------------------------------	----------------