

# 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.

Classification:		Effective Date:	Subsistence or Travel Pay: \$ _____
FRINGE BENEFITS	Health & Welfare \$ _____	PAID TO: Name: _____ Address: _____	
	Pension \$ _____	PAID TO: Name: _____ Address: _____	
	Vacation/ Holiday \$ _____	PAID TO: Name: _____ Address: _____	
	Training and/or Other \$ _____	PAID TO: Name: _____ Address: _____	
Classification:		Effective Date:	Subsistence or Travel Pay: \$ _____
FRINGE BENEFITS	Health & Welfare \$ _____	PAID TO: Name: _____ Address: _____	
	Pension \$ _____	PAID TO: Name: _____ Address: _____	
	Vacation/ Holiday \$ _____	PAID TO: Name: _____ Address: _____	
	Training And/or Other \$ _____	PAID TO: Name: _____ Address: _____	
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	Vacation/ Holiday \$ _____	PAID TO: Name: _____ Address: _____	
	Training And/or 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
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