



FRINGE BENEFIT STATEMENT

Contract Bid # and W/O#:	Contract Name and Location:	Today's Date:
Contractor/Subcontractor Name:		Business Address and Telephone:

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: \$ _____
Determination Number:		Determination Expires:	
FRINGE BENEFITS	Health & Welfare	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Pension	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Vacation/Holiday	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Training and/or Other	\$ _____	PAID TO: Name: _____ Address/Phone: _____

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

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	Vacation/Holiday	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Training and/or Other	\$ _____	PAID TO: Name: _____ Address/Phone: _____

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

Submitted By: Name/Title (Please Print)	Signature:
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