

Fringe Benefit Statement

Contract Bid No.:	Contract Name:	Today's Date:
Contractor/Subcontractor:		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:
Employee Name (if applicable):		\$ _____
Health & Welfare \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
Pension \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
Vacation/ Holiday \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
Training \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
Other \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
Classification:	Effective Date:	Subsistence or Travel Pay:
Employee Name (if applicable):		\$ _____
Health & Welfare \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
Pension \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
Vacation/ Holiday \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
Training \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
Other \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
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Pension \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
Vacation/ Holiday \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
Training \$ _____	PAID TO: Name: Address/ _____ Phone: _____	
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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