

CONTRACTOR FRINGE BENEFIT STATEMENT

Project Name:	Project Number:	County / Location:
Date:		
Prime Contractor:	Address:	
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:
				\$
FRINGE BENEFITS Hourly Rates	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 Hourly Rates	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 Hourly Rates	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:	

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:
