

CONTRACTOR FRINGE BENEFIT STATEMENT

Contract Number / Name:	Contract Location:	Today's Date:
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Contractor / Subcontractor Name:	Business Address:
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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: \$ _____
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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: \$ _____
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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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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: _____

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

Submitted By: Contractor/ Subcontractor	By: Name/Title (Original Wet Signature Required)
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