

# Fringe Benefit Statement

COMPANY INFORMATION			
Company Name			Date
Street Address		Suite/Unit #	
City	State	Zip	
License Number	Issuing State(s)	Classification	Expiration

CONTRACT INFORMATION	
Project Name/Number	Contract Number

In order that the proper Fringe Benefit rates can be verified for checking payrolls on the above contract, the hourly rates for Fringe Benefits, subsistence and/or travel on the allowance payment made for employees on the various classes of work are tabulated below. **THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE FIRST CERTIFIED PAYROLL, OR WHEN THERE HAVE BEEN ANY CHANGES.**

**IF NO BONA FIDE FRINGE BENEFIT PLAN EXISTS PLEASE COMPLETE WITH "N/A", SIGN AND SUBMIT WITH THE FIRST CERTIFIED PAYROLL**

CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OF PLAN, FUND OR PROGRAM
Effective Date	Vacation      \$ _____	
	Health & Welfare      \$ _____	
	Pension      \$ _____	
Subsistence and/or Travel Pay	Apprentice/ Training      \$ _____	
	Other      \$ _____	
\$ _____		

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Effective Date	Vacation      \$ _____	
	Health & Welfare      \$ _____	
	Pension      \$ _____	
Subsistence and/or Travel Pay	Apprentice/ Training      \$ _____	
	Other      \$ _____	
\$ _____		

SIGNATURE	
I hereby certify that fringe benefits are paid to the approved Plans, Funds, or Programs as listed above.	
Print Name	Title/Position
Authorized Signature	Date