

FRINGE BENEFIT STATEMENT

CONTRACTOR/SUBCONTRACTOR (PLEASE PRINT)	CONTRACT NUMBER	PROJECT NUMBER	DATE
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TO: CONSTRUCTION ADMINISTRATOR/LABOR COMPLIANCE MANAGER	ADDRESS
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The following information (as shown or referenced on wage rate determinations) paid to or on behalf of employees in various crafts or classifications is used to check payrolls or applied to force account work on the above contract.

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE FIRST CERTIFIED PAYROLL, OR WHEN THERE HAVE BEEN ANY CHANGES.

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 \$ _____	_____

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 \$ _____	_____

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

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs as listed above.

NAME AND TITLE (Please Print)	BUSINESS TELEPHONE NUMBER (Area Code first)
SIGNATURE	