FRINGE BENEFIT STATEMENT

CONTRACTOR/SUBCONTRACTOR (PLEASE PRINT)	CONTRACT NUMBER	PROJECT NUMBER	DATE

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 $	
	Health & Welfare $	
	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)

SIGNATURE	BUSINESS TELEPHONE NUMBER (Area Code first)