Fringe Benefit Statement

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

CONTRACT INFORMATION	
Project Name/Number	Contract Number

In order that the proper Fringe Benefit rates can be verified for checking payrolls or applied to force account work 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.

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

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