## Contractor Fringe Benefit Statement

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| Contractor number/name:Contract number:Project/bid number: | Contract location: | Today’s date: |
| Contractor/subcontractor name: | Business address: |
| 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. |
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| Classification: | Effective date: | Subsistence or travel pay:N/A |
| Fringe benefits | Health and 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: |
| Fringe benefits | Health and 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: |
| Fringe benefits | Health and 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: |
| Fringe benefits | Health and 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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| Supplemental statements must be submitted during the progress of work, should a change in rate of any of the classifications be made. |
| Submitted: Contractor/subcontractor: | By Name:Title: |