## 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: | | |