

## CONTRACTOR FRINGE BENEFIT STATEMENT

Project Name:	Project Number:	County / Location:
Date:		
Prime Contractor:	Address:	
Subcontractor:	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.

Classification:		Effective Date:	Subsistence or Travel Pay:
<b>FRINGE BENEFITS Hourly Rates</b>	Health & Welfare	\$ _____	Paid To: Name: _____ Address: _____
	Pension	\$ _____	
	Vacation/ Holiday	\$ _____	Paid To: Name: _____ Address: _____
	Training and/or Other	\$ _____	

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	Vacation/ Holiday	\$ _____	Paid To: Name: _____ Address: _____
	Training and/or Other	\$ _____	

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:

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