

FRINGE BENEFIT STATEMENT

To be submitted with the first Certified Payroll

In Order that the proper Fringe Benefit rates can be used for checking payrolls or applied to force account work, which may be done on the contract, the hourly rates for fringe benefits, subsistence and/or travel allowance payment (as required by collective bargaining agreements) made for employees on the various classes of work are tabulated below. Supplemental statements must be submitted during the progress of work should a change in rate of any classifications be made.

PROJECT
NAME: _____

PROJECT
LOCATION: _____

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs as listed below.

Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
_____	Vacation \$ _____ Health & Welfare \$ _____ Apprentice/Training \$ _____ Other \$ _____	_____ _____ _____
_____	Vacation \$ _____ Health & Welfare \$ _____ Apprentice/Training \$ _____ Other \$ _____	_____ _____ _____
_____	Vacation \$ _____ Health & Welfare \$ _____ Apprentice/Training \$ _____ Other \$ _____	_____ _____ _____
OR: (Check if applicable)	(PLEASE PRINT)	
I certify that I do not make payments to approved fringe benefit plans, funds, or programs.		
_____ (Company Name)		_____ (Name, Title)
Date: [Due with first payroll report & anytime fringe benefits change] [0845B] 1993		_____ (Signature)