

Fringe Benefit Statement

Contract Number/Name:	Contract Location:	Today's Date:
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Contractor /Subcontractor Name:	Business Address:
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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:
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FRINGE BENEFITS	Health & 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:
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FRINGE BENEFITS	Health & 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:
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FRINGE BENEFITS	Health & Welfare		Paid to:	Name:	
				Address:	
	Pension		Paid to:	Name:	
				Address:	
	Vacation/ Holiday		Paid to:	Name:	
				Address:	
	Training and/or Other		Paid to:	Name:	
				Address:	

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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