

Contractor Fringe Benefit Statement

Project Name:	Bid Package or Sub To:	Today's Date:
Contractor / Subcontractor:	Business Address:	
Contractor's License No.:	Phone:	Fax:

In order that the proper Prevailing Wage Rates can be verified when checking payrolls on the above project, the **hourly rates** for fringe benefits, subsistence and/or travel allowance payments to employees, of the various classes of work, are to be tabulated below.

Classification:	Bid Advertisement Date:	Subsistence or Travel:
	Determination:	Required: Y <input type="checkbox"/> N <input type="checkbox"/>
Group/Period:	Increase Date(s):	\$
Indicate where fringes and training are paid.		
Base Rate:\$	Indicate "cash to employee" when fringes are paid to the employee in their wages.	
Employer Payments	Health & Welfare \$	Paid To: Name: _____ Address: _____
	Pension \$	Paid To: Name: _____ Address: _____
	Vacation/Holiday \$	Paid To: Name: _____ Address: _____
	Other \$	Paid To: Name: _____ Address: _____
	Training \$	Paid To: Name: _____ Address: _____
	Total Rate:_____	

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	Training \$	Paid To: Name: _____ Address: _____
	Total Rate:_____	

Revised fringe benefit statements must be submitted during the progress of work if a change in any rate of pay for any work classification is made.

Submitted By:(Please Print)	Title / Position:
Signature:	