



FRINGE BENEFIT STATEMENT

Contract No.:	Project Name:	Date:
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INSTRUCTIONS: This form is to be submitted with the first certified payroll. In order that the Fringe Benefit rates can be used for checking payrolls or applied to Force Account work which may be done on the above 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. THIS DOCUMENT CONTAINS PERSONAL INFORMATION AND PURSUANT TO CIVIL CODE 1796.21, IT SHALL BE KEPT CONFIDENTIAL IN ORDER TO PROTECT AGAINST UNAUTHORIZED DISCLOSURE.

Classification:	Effective Date:	Subsistence or Travel Pay:
Health and Welfare \$	Trust Fund Paid To: (Name)	
	Address:	
Pension \$	Trust Fund Paid To: (Name)	
	Address:	
Vacation/Holiday \$	Trust Fund Paid To: (Name)	
	Address:	
Training and/or Other \$	Trust Fund Paid To: (Name)	
	Address:	
Classification:	Effective Date:	Subsistence or Travel Pay:
Health and Welfare \$	Trust Fund Paid To: (Name)	
	Address:	
Pension \$	Trust Fund Paid To: (Name)	
	Address:	
Vacation/Holiday \$	Trust Fund Paid To: (Name)	
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	Address:	
Training and/or Other \$	Trust Fund Paid To: (Name)	
	Address:	

Supplemental statement must be submitted during the progress of work should a change in rate of any of the classifications be made. I CERTIFY THAT THE FRINGE BENEFIT PAYMENTS ARE MADE TO THE APPROVED PLANS, FUNDS OR PROGRAMS AS LISTED ABOVE.

Submitted (Contractor/Subcontractor)	By (Name and Title)	Signature
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