

FRINGE BENEFIT STATEMENT

CONTRACTOR OR SUBCONTRACTOR (Please Print) ABC Contractors Inc - CT office	PROJECT OR CONTRACT NO. Proj#2	DATE 08/01/2012
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TO Federal Project Compliance Dept.	BUSINESS ADDRESS 123 Some Street Suite 100 Sometown, PA 99999
PROJECT ID Sample #2	PROJECT DESCRIPTION Sample Project #2

In order that the proper Fringe Benefit rates can be verified for checking payrolls or applied to force account work on the above contract, the hourly rates for Fringe Benefits, subsistence and/or travel on the allowance payment made for employees on the various classes of work are tabulated below.

COMPLETE AND SUBMIT THIS FORM WITH THE FIRST CERTIFIED PAYROLL OR WHEN THERE HAVE BEEN CHANGES.

Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
Heavy Equipment Operator	Vacation \$ 0.00 Health and Welfare \$ 10.50 Pension \$ 0.00 Apprentice or Training Fees \$ 0.00 Other \$ 0.00	Capitol Blue Cross/BlueShield Group #123321 12 Main Street Town, ST ZIP
Subsistence and/or Travel Pay \$0.00		
Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
Heavy Highway Labor	Vacation \$ 0.00 Health and Welfare \$ 10.50 Pension \$ 0.00 Apprentice or Training Fees \$ 0.00 Other \$ 0.00	Capitol Blue Cross/BlueShield Group #123321 12 Main Street Town, ST ZIP
Subsistence and/or Travel Pay \$0.00		
Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
Heavy Highway Pipe Fitter	Vacation \$ 0.00 Health and Welfare \$ 10.50 Pension \$ 0.00 Apprentice or Training Fees \$ 0.00 Other \$ 0.00	Capitol Blue Cross/BlueShield Group #123321 12 Main Street Town, ST ZIP
Subsistence and/or Travel Pay \$0.00		

I hereby certify that fringe benefits are paid to the approved Plans, Funds, or Programs as listed above.

NAME (PLEASE PRINT.) John Smith	TITLE President
AUTHORIZED SIGNATURE	DATE