

# Fringe Benefit Statement

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|--|---|---------------|
| Contract Bid No.:<br>K-23-1854-DBB-3-C | Contract Name:<br>Clay Avenue Mini Park | Today's Date: |
| Contractor/Subcontractor:              |   | Address:      |

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.

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|---------------------------------------|--|--|
| <b>Classification:</b>                | Effective Date:                              | Subsistence or Travel Pay:<br>\$ _____ |
| <b>Employee Name (if applicable):</b> |  |  |
| Health & Welfare \$ _____             | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Pension \$ _____                      | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Vacation/ Holiday \$ _____            | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Training \$ _____                     | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Other \$ _____                        | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| <b>Classification:</b>                | Effective Date:                              | Subsistence or Travel Pay:<br>\$ _____ |
| <b>Employee Name (if applicable):</b> |  |  |
| Health & Welfare \$ _____             | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Pension \$ _____                      | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Vacation/ Holiday \$ _____            | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Training \$ _____                     | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Other \$ _____                        | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| <b>Classification:</b>                | Effective Date:                              | Subsistence or Travel Pay:<br>\$ _____ |
| <b>Employee Name (if applicable):</b> |  |  |
| Health & Welfare \$ _____             | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Pension \$ _____                      | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Vacation/ Holiday \$ _____            | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Training \$ _____                     | PAID TO: Name: _____<br>Address/Phone: _____ |  |
| Other \$ _____                        | PAID TO: Name: _____<br>Address/Phone: _____ |  |

Revised statements must be submitted during the progress of work should a change in rate of any of the classifications be made.

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| Submitted By: Name/Title (Please Print) | Signature: |
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