

FRINGE BENEFIT STATEMENT

CEM-2501 (REV. 8/1994)



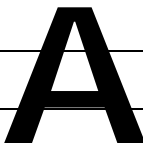
CONTRACTOR/SUBCONTRACTOR (Please Print)	CONTRACT NUMBER	FEDERAL AID PROJECT	DATE
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TO: RESIDENT ENGINEER/DISTRICT LABOR COMPLIANCE OFFICER	BUSINESS ADDRESS
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The following information (as shown or referenced on wage rate determinations) paid to or on behalf of employees in various crafts or classifications is used to check payrolls or applied to force account work on the above contract.

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE FIRST CERTIFIED PAYROLL, OR WHEN THERE HAVE BEEN ANY CHANGES.

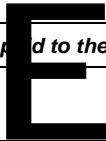
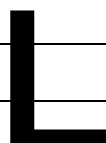
CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OF PLAN, FUND, OR PROGRAM
Effective Date _____ _____ Subistence and/or Travel Pay: \$ _____	Vacation/ Supp. \$ _____ Health & Welfare \$ _____ Pension \$ _____ Apprentice \$ _____ \$ _____ \$ _____	_____ _____ _____ _____



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I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs as Noted above.

NAME AND TITLE (Please Print) _____

SIGNATURE	BUSINESS TELEPHONE NUMBER
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CEM-2501

