

ENTER NAME OF ORGANIZATION I.E. PORT OF SAN DIEGO

FRINGE BENEFIT STATEMENT

Contract Number/Name:	Contract Location:	Today's Date:
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Contractor/Subcontractor Name:	Business Address:
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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.

Classification:	Effective Date:	Subsistence or Travel Pay: \$ _____
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FRINGE BENEFITS	Health & Welfare \$ _____	PAID TO: Name: _____ Address: _____	
	Pension \$ _____	PAID TO: Name: _____ Address: _____	
	Vacation/Holiday \$ _____	PAID TO: Name: _____ Address: _____	
	Training and/or Other \$ _____	PAID TO: Name: _____ Address: _____	

Classification:	Effective Date:	Subsistence or Travel Pay: \$ _____
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FRINGE BENEFITS	Health & Welfare \$ _____	PAID TO: Name: _____ Address: _____	
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	Training and/or Other \$ _____	PAID TO: Name: _____ Address: _____	

PLEASE VISIT:

<http://store.construction-business-forms.com/frbestusbyva.html>

to purchase the fill-in-able, print-able, save-able, unlimited usage Fringe Benefit Statement Form.

Submitted: Contractor/Subcontractor	By: Name/Title
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