

FRINGE BENEFIT STATEMENT

CEM-2501 (REV 8/1994)

CONTRACTOR/SUBCONTRACTOR (Please Print)	CONTRACT NUMBER	FEDERAL AID PROJECT NUMBER	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 _____ _____	Vacation \$ _____ Health & Welfare \$ _____ Pension \$ _____	_____ _____ _____
Subsistence and/or Travel Pay: \$ _____	Apprentice/ Training \$ _____ Other \$ _____	_____ _____

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

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Effective Date _____ _____	Vacation \$ _____ Health & Welfare \$ _____ Pension \$ _____	_____ _____ _____
Subsistence and/or Travel Pay: \$ _____	Apprentice/ Training \$ _____ Other \$ _____	_____ _____

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

NAME AND TITLE (Please Print) _____

SIGNATURE	BUSINESS TELEPHONE NUMBER
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