

FRINGE BENEFIT STATEMENT

PROJECT NAME: _____ Project #: _____ DATE: _____

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

CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	NAME & ADDRESS OF PLAN, FUND OR PROGRAM
_____	\$ _____ Vacation	_____
_____	\$ _____ Health & Welfare	_____
_____	\$ _____ Pension	_____
_____	\$ _____ Apprentice/Training	_____
_____	\$ _____ Vacation	_____
_____	\$ _____ Health & Welfare	_____
_____	\$ _____ Pension	_____
_____	\$ _____ Apprentice/Training	_____
_____	\$ _____ Vacation	_____
_____	\$ _____ Health & Welfare	_____
_____	\$ _____ Pension	_____
_____	\$ _____ Apprentice/Training	_____
_____	\$ _____ Other	_____

Company Name (please print) Name and Title (please print) Signature