

**FRINGE BENEFIT STATEMENT**

CEM-2501 (REV 8/1994)

|   |                 |                            |      |
|---|-----------------|----------------------------|------|
| CONTRACTOR/SUBCONTRACTOR (Please Print) | CONTRACT NUMBER | FEDERAL AID PROJECT NUMBER | DATE |
|---|-----------------|----------------------------|------|

|   |                  |
|---|------------------|
| TO: RESIDENT ENGINEER/DISTRICT LABOR COMPLIANCE OFFICER | BUSINESS ADDRESS |
|---|------------------|

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<br>_____<br>_____           | Vacation \$ _____<br>Health & Welfare \$ _____<br>Pension \$ _____ | _____<br>_____<br>_____                    |
| Subsistence and/or Travel Pay:<br>\$ _____ | Apprentice/ Training \$ _____<br>Other \$ _____                    | _____<br>_____                             |

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

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

***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 |
|-----------|---------------------------|