

FRINGE BENEFIT STATEMENT

CEM-2501 (REV. 8/1994)

CONTRACTOR/SUBCONTRACTOR (Please Print)	CONTRACT NUMBER	FEDERAL AID PROJECT	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
<p style="text-align: center;">Effective Date</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Subsistence and/or Travel Pay:</p> <p style="text-align: center;">\$ _____</p>	<p>Vacation/ Supp. \$ _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>Health & Welfare \$ _____</p>	
	<p>Pension \$ _____</p>	
	<p>Apprentice \$ _____</p>	
	<p>\$ _____</p>	

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<p style="text-align: center;">Effective Date</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Subsistence and/or Travel Pay:</p> <p style="text-align: center;">\$ _____</p>	<p>Vacation/ Supp. \$ _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>Health & Welfare \$ _____</p>	
	<p>Pension \$ _____</p>	
	<p>Apprentice \$ _____</p>	
	<p>\$ _____</p>	

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	<p>Health & Welfare \$ _____</p>	
	<p>Pension \$ _____</p>	
	<p>Apprentice \$ _____</p>	
	<p>\$ _____</p>	

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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