

FRINGE BENEFIT STATEMENT

CEM-2501 (REV 8/1994) **Murow Development Consultants**

CONTRACTOR / SUBCONTRACTOR (Please Print)	CONTRACT NUMBER	FEDERAL AID PROJECT NO.	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

CLASSIFICATIONS	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OR PLAN, FUND, OR PROGRAM
Effective date _____	Vacation _____	_____ _____ _____ _____
(Insert Classification)	Health & Welfare _____	
_____	Pension _____	
Subsistence and / or Travel Pay	Apprentice / Training _____	
_____	Other _____	

CLASSIFICATIONS	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OR PLAN, FUND, OR PROGRAM
Effective date _____	Vacation _____	_____ _____ _____ _____
(Insert Classification)	Health & Welfare _____	
_____	Pension _____	
Subsistence and / or Travel Pay	Apprentice / Training _____	
\$ _____ -	Other _____	

CLASSIFICATIONS	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OR PLAN, FUND, OR PROGRAM
Effective date _____	Vacation _____	_____ _____ _____ _____
(Insert Classification)	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 TEL. NO
_____	_____

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