GSLC CONTRACTOR FRINGE BENEFIT STATEMENT

				LABOR
Contract # /Project Name:	Contract Location: 789 WIDE STREET,		Today's Date:	COMPLIAN
HAPPY DAZE ELEMENTARY	ANYWHERE, 99999)	00/00/0000	1
Contractor / Subcontractor Name:		Business Address:		
ATLAS CONSTRUCTION CO		12345 MAIN STREET, AN	IYWHERE, 99999	

In order that the proper Fringe Benefit rates can be verified when checking payrolls on the above contract, the hourly rates for fringe benefits, subsistence and/or travel allowance payment made for employees by the employer on the various classes of work are tabulated below. **Please Include Apprentice Rates.**

Classification: MUST BE Effective Date: OF DETERMINATION			Subsistence or Travel Pay: IF APPLICABLE	
RECOGNIZED BY DIR		USED	\$	
S	Health & Welfare	Paid To: Name of Plan/Fund/Program:	UNION/PLAN/EMPLOYEE	
BENEFITS	\$3.00hr	Address:	555 UNION AVE	
	Pension	Paid To: Name of Plan/Fund/Program:	UNION/PLAN/EMPLOYEE	
INGE	\$2.00hr	Address:	555 UNION AVE	
世	Vacation/Holiday	Paid To: Name of Plan/Fund/Program:	UNION/PLAN/EMPLOYEE	
EMPLOYER PAID FRINGE	\$1.00hr	Address:	555 UNION AVE	
	Training	Paid To: Name of Plan/Fund/Program:	CAC-STATE OF CALIFORNIA /UNION/COMMITTEE	
EMP	\$50hr	Address:	UNION/PLAN/EMPLOYEE	
	Othor	Paid To:	CALIFORNIA AVE	
		Name of Plan/Fund/Program:	UNION/PLAN/EMPLOYEE	
	\$25hr	Address:	555 UNION AVE	
	''' '' MUOT DE	Err ii D. GERETERMINATION	TO LET UP UE APPLICABLE	
	sification: MUST BE OGNIZED BY DIR	Effective Date: OF DETERMINATION USED	Subsistence or Travel Pay: IF APPLICABLE	
REC			Subsistence or Travel Pay: IF APPLICABLE \$	
REC	OGNIZED BY DIR Health & Welfare \$3.00hr	Paid To: Name of Plan/Fund/Program: Address:	\$	
BENEFITS 33	OGNIZED BY DIR Health & Welfare \$3.00hr Pension	Paid To: Name of Plan/Fund/Program:	\$UNION/PLAN/EMPLOYEE	
BENEFITS 33	OGNIZED BY DIR Health & Welfare \$3.00hr	Paid To: Name of Plan/Fund/Program: Address: Paid To:	\$UNION/PLAN/EMPLOYEE	
BENEFITS 33	OGNIZED BY DIR Health & Welfare \$3.00hr Pension \$2.00hr Vacation/Holiday	Paid To: Name of Plan/Fund/Program: Address: Paid To: Name of Plan/Fund/Program: Address: Paid To:	\$UNION/PLAN/EMPLOYEE	
BENEFITS 33	OGNIZED BY DIR Health & Welfare \$3.00hr Pension \$2.00hr	Paid To: Name of Plan/Fund/Program: Address: Paid To: Name of Plan/Fund/Program: Address: Paid To: Name of Plan/Fund/Program:	\$UNION/PLAN/EMPLOYEE	
BENEFITS 33	OGNIZED BY DIR Health & Welfare \$3.00hr Pension \$2.00hr Vacation/Holiday	Paid To: Name of Plan/Fund/Program: Address:	\$ UNION/PLAN/EMPLOYEE 555 UNION AVE UNION/PLAN/EMPLOYEE 555 UNION AVE UNION/PLAN/EMPLOYEE 555 UNION AVE	
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BENEFITS 33	OGNIZED BY DIR Health & Welfare \$3.00hr Pension \$2.00hr Vacation/Holiday \$1.00hr Training \$50hr	USED Paid To: Name of Plan/Fund/Program: Address: Address:	\$ UNION/PLAN/EMPLOYEE 555 UNION AVE UNION/PLAN/EMPLOYEE 555 UNION AVE UNION/PLAN/EMPLOYEE 555 UNION AVE CAC-STATE OF CALIFORNIA /UNION/COMMITTEE	
BENEFITS 33	OGNIZED BY DIR Health & Welfare \$3.00hr Pension \$2.00hr Vacation/Holiday \$1.00hr Training	Paid To: Name of Plan/Fund/Program: Address:	\$ UNION/PLAN/EMPLOYEE 555 UNION AVE UNION/PLAN/EMPLOYEE 555 UNION AVE UNION/PLAN/EMPLOYEE 555 UNION AVE CAC-STATE OF CALIFORNIA /UNION/COMMITTEE UNION/PLAN/EMPLOYEE	

Supplemental statements must be submitted during the progress of the work should there be an increase or change in rates. Use additional sheets as necessary. (Attach a copy of your most recent premium transmittal (including copy of check submitted) into each of the above plans/funds/programs or a letter from the above plans/funds/programs reflecting current payment status).

I certify under penalty of perjury that fringe benefits are paid to the approved plans, funds or programs as listed above.

Name and Title	Signature and Date (Wet Signature Required)		
John Atlas- President	John Atlas	00/00/0000	