SAN DIEGO UNIFIED SCHOOL DISTRICT CONTRACTOR FRINGE BENEFIT STATEMENT

Contract Number / Name: Contract Location:					Today's Date:
Contractor / Subcontractor Name: Business Address:					
rate		subsistence a			on the above contract, the hourly bloyees on the various classes of
Classification:			Effective Date:		Subsistence or Travel Pay: \$
FRINGE BENEFITS	Health & Welfare	\$	PAID TO: Nar Addre		
	Pension	\$	PAID TO: Nar Addre		
	Vacation/ Holiday	\$	PAID TO: Nar Addre		
	Training and/or Other	\$	PAID TO: Nar Addre		
Classification:			Effective Date:		Subsistence or Travel Pay: \$
FRINGE BENEFITS	Health & Welfare	\$	PAID TO: Nar Addre		
	Pension	\$	PAID TO: Nar Addre		
	Vacation/ Holiday	\$	PAID TO: Nar Addre		
	Training and/or Other	\$	PAID TO: Nar Addre		
Classification:		Effective Date:		Subsistence or Travel Pay: \$	
FRINGE BENEFITS	Health & Welfare	\$	PAID TO: Nar Addre		
	Pension	\$	PAID TO: Nar Addre		
	Vacation/ Holiday	\$	PAID TO: Nar Addre		
	Training and/or Other	\$	PAID TO: Nar Addre		
Supplemental statements must be submitted during the progress of work should a change in rate of any of the classifications be made. Submitted: Contractor / Subcontractor By: Name / Title					