

**LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
FRINGE BENEFITS STATEMENT**

INSTRUCTIONS: This form is to be submitted with the first certified payroll. In order that the proper Fringe Benefit rates can be used for checking payrolls or applied to Force Account work which may be done on the above contract the hourly rates for fringe benefits, subsistence and/or travel allowance payment (as required by collective bargaining agreements) made for employees on the various classes of work are tabulated below.

THIS DOCUMENT CONTAINS PERSONAL INFORMATION AND, PURSUANT TO CIVIL CODE 1796.21, IT SHALL BE KEPT CONFIDENTIAL IN ORDER TO PROTECT AGAINST UNAUTHORIZED DISCLOSURE.

Contract #:	Project Name:	Date:
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Contractor Name	Prime:	PW-DET:
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NON UNION SUBCONTRACTORS: I CERTIFY THAT I AM A NON-UNION CONTRACTOR AND THE FBS IS NOT APPLICABLE TO THE CLASSIFICATIONS I AM UTILIZING ON THIS PROJECT. ALL FRINGES WILL BE PAID DIRECTLY TO EACH EMPLOYEE AND TRAINING FUNDS WILL BE PAID MONTHLY TO THE CALIFORNIA APPRENTICESHIP COUNCIL FROM THE START OF THIS CONTRACT TO COMPLETION.

<i>SIGNATURE</i>	<i>PRINTED NAME AND TITLE</i>	<i>PHONE NUMBER</i>
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Classification:	Effective Date:	Subsistence or Travel Pay:
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Health and Welfare \$	Trust Fund Paid To: (Name)
	Address:
Pension \$	Trust Fund Paid To: (Name)
	Address:
Vacation/Holiday \$	Trust Fund Paid To: (Name)
	Address:
Training and/or Other \$ \$	Trust Fund Paid To: (Name)
	Address:

Classification:	Effective Date:	Subsistence or Travel Pay:
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Health and Welfare \$	Trust Fund Paid To: (Name)
	Address:
Pension \$	Trust Fund Paid To: (Name)
	Address:
Vacation/Holiday \$	Trust Fund Paid To: (Name)
	Address:
Training and/or Other \$ \$	Trust Fund Paid To: (Name)
	Address:

Supplemental statement must be submitted during the progress of work should a change in rate of any of the classifications be made. I certify that the Fringe Benefits Payments are made to the approved plans fund or programs as listed above.

Signature	Printed Name and Title	Phone Number
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