Contractor Fringe Benefit Statement

Project Name: Bessie Owens Jr H.S.		Bid Package Or S	ub To:	Today's
				Date:10/9/23
Contractor / Subcontractor: JTS Modular		Business Address: 7001 McDIVITT DR.STE B		
		BAKERSFIELD, C	A 93313	
Contractor's License No.: 798919	Phone: 66	31.835.9270	Fax: 661.6	617.6237

In order that the proper Prevailing Wage Rates can be verified when checking payrolls on the above project, the **hourly rates** for fringe benefits, subsistence and/or travel allowance payments to employees, of the various classes of work, are to be tabulated below.

Cla	ssification:		Subsistence or Travel:
EI	ectrician		Required: Y - N -
Gr	oup/Period:		\$
		Office Use Only	Indicate where fringes and training are paid.
Base Rate:\$ 51.14			Indicate "cash to employee" when fringes are paid to the employee in their wages.
	Health & Welfare		Paid To: Name: Cash to Employee
	\$9.34		Address:
nts	Pension		Paid To: Name: Cash to Employee
nel	\$9.65		Address:
Payments	Vacation/Holiday		Paid To: Name: Cash to Employee
	\$0.00		Address:
Employer	Other		Paid To: Name: Cash to Employee
pldu	\$0.81		Address:
En	Training		Paid To: Name: <u>CAC P.O. BOX 511283</u>
	\$1.20		Address: Los Angeles, CA 90051
	Hourly Rate:\$ 72.14		
Classification:			Subsistence or Travel:
	oomoutom,		Required: Y \(\sim \text{N} \)
Gro	oup/Period:		Required: Y □ N □
Gro		Office Use Only	\$ Indicate where fringes and training are paid.
		Office Use Only	\$
	oup/Period:	Office Use Only	Indicate where fringes and training are paid. Indicate "cash to employee" when fringes are
Bas	oup/Period: se Rate:\$	Office Use Only	Indicate where fringes and training are paid. Indicate "cash to employee" when fringes are paid to the employee in their wages.
Bas	oup/Period: se Rate:\$ Health & Welfare	Office Use Only	Indicate where fringes and training are paid. Indicate "cash to employee" when fringes are paid to the employee in their wages. Paid To: Name: Cash to Employee
Bas	oup/Period: se Rate:\$ Health & Welfare \$0.00	Office Use Only	Indicate where fringes and training are paid. Indicate "cash to employee" when fringes are paid to the employee in their wages. Paid To: Name: Cash to Employee Address:
Bas	pup/Period: se Rate:\$ Health & Welfare \$0.00 Pension	Office Use Only	Indicate where fringes and training are paid. Indicate "cash to employee" when fringes are paid to the employee in their wages. Paid To: Name: Cash to Employee Address: Paid To: Name: Cash to Employee
Payments g	bup/Period: se Rate:\$ Health & Welfare \$0.00 Pension \$0.00	Office Use Only	Indicate where fringes and training are paid. Indicate "cash to employee" when fringes are paid to the employee in their wages. Paid To: Name: Cash to Employee Address: Paid To: Name: Cash to Employee Address:
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Payments g	bup/Period: se Rate:\$ Health & Welfare \$0.00 Pension \$0.00 Vacation/Holiday \$0.00 Other	Office Use Only	Indicate where fringes and training are paid. Indicate "cash to employee" when fringes are paid to the employee in their wages. Paid To: Name: Cash to Employee Address: Paid To: Name: Cash to Employee
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Revised fringe benefit statements must be submitted during the progress of work if a change in <u>any</u> rate of pay for <u>any</u> work classification is made.

Submitted By:(Rlease Print) Veronica Morales	Title / Position: Payroll
Signature: ()	