## **Statement of Employer Payments**

Date:		In Reply, Refer to Case N	lo:	SEAL OF PRE	
Prime:					
Subcontractor:					
PROJECT NAME:					
PROJECT CONTRACT NO.:		County/location:		CALLIFORNIA	
	HEALT	TH AND WELFARE			
NAME OF PLAN		Address, City and Zip			
ADMINISTRATOR		Address, City and Zip			
CLASSIFICATION(S) USED		CONTRIBUTION PER C	LASSIFICATION PER	HOUR	
CONTRIBUTIONS:	WEEKLY	MONTHLY	QUARTERLY	ANNUALLY	
contrade nons.		PENSION	QUINTERET		
NAME OF PLAN		Address, City and Zip			
ADMINISTRATOR		Address, City and Zip			
CLASSIFICATION(S) USED		CONTRIBUTION PER C	LASSIFICATION PER	HOUR	
CONTRIBUTIONS:	WEEKLY	MONTHLY	QUARTERLY	ANNUALLY	
		VACATION/HOLIDAY			
NAME OF PLAN		Address, City and Zip			
ADMINISTRATOR		Address, City and Zip			
CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR				
CONTRIDUTIONS.	WEEKLY	MONITHI V	OLIADTEDLY		
CONTRIBUTIONS:	WEEKLY	MONTHLY TRAINING	QUARTERLY	ANNUALLY	
		IRAINING			
NAME OF PLAN		Address, City and Zip			
ADMINISTRATOR		Address, City and Zip			
CLASSIFICATION(S) USED		CONTRIBUTION PER C.	NTRIBUTION PER CLASSIFICATION PER HOUR		
CONTRIBUTIONS:	WEEKLY	MONTHLY BOVE, YOU MAY USE THE BA	QUARTERLY	ANNUALLY	

THIS ADDITIONAL INFORMATION

**PW 26**