Nevada Department of Transportation (NDOT)							
FRINGE BENEFIT ITEMIZED CONTRIBUTIONS/DEDUCTIONS STATEMENT							
NDOT Contract No.:				Date:			
Contractor/Subcontractor:			To: RESIDENT ENGINEER				
Phone No.:			Phone No.:				
Contractor/Subcontractor Address:			Resident Engineer Address:				
This form is to be completed and Administrative Code (NAC) to Chapte include a itemization of all contribution authorized by NRS 338.035, if any surformer to ensure the proper Fringe Benefit this contract), the rates for fringe Commissioner and the U.S. Department.	er 338 of the None made to a to check to a to check the contribution rates are applipants, subsi	evada Revise hird person p is were made ed to the cer istence and/	ed Statutes (pursuant to a e as part of the rtified payroll or travel allo	NRS) require fund, plan on the wages of the s and/or to a powance payo	es that each or program in hat workman any Force Acoment (as recoment)	certified payr the name of , NAC 338 - count work (quired by the	oll report must a workman as 11(1). if applicable to e State Labor
Name of the classification and/or employee(s) receiving the benefit. Use additional sheet if needed.	Subsistence or Travel Allowance	Indicate the amount of each contribution as an hourly rate.					
		Health and Welfare	Pension	Vacation/ Holiday	Training or Apprentice- ships	Other	Effective Date of Benefit
A revised statement must be submit	ted when cha	nges occur.	If differing b	enefits apply	to various e	emplovees th	ne employer is
required to report said differences on	the certified pa	ayroll or this f	orm.				
The contractor/subcontractor certified deductions and contributions to fringung NRS 338, 40 USC 276(a) Davis Bace 49 of the Code of Federal Regulations	e benefits com on Act and rela	ply with app	licable state	of federal la	ws and regul	ations. Refe	er to NRS 608,
Signature of the employer or its ag Falsification of this report may subject							
Signature				Title of person signing			