

SUBCONTRACTOR PAYROLL AND DRAWDOWN FORM

(Please fill in each blank except for shaded areas which contain formulas)

PROJECT NAME _____

PRIME CONTRACTOR'S NAME _____

TOTAL PRIME CONTRACT AWARDED (\$) _____

SUBCONTRACTOR'S NAME _____

AMOUNT OF THIS SUBCONTRACT (\$) _____

SUBCONTRACTOR TRADE AREA: _____

PAYMENT TO SUBCONTRACTOR THIS MONTH _____

TOTAL PAYMENTS TO SUBCONTRACTOR TO DATE (\$) _____

BALANCE DUE TO SUBCONTRACTOR _____

I hereby certify that the above payments are correct and that the work has been performed in accordance with the subcontract agreement.

For _____

For _____

Prime Contractor Signature

Subcontractor Signature

Printed Name for Prime

Printed Name for Sub

Date Signed by Prime

Date Signed by Sub

REPORT _____ OF _____

MONTH _____

**RETURN TO: Human Relations Council, Supervisor of Compliance
371 West Second Street, Suite 100, Dayton OH 45402
Telephone: (937) 333-1403**