

## 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**