



**SUBCONTRACTOR/SUPPLIER FORM**

**REQ #:** \_\_\_\_\_ **Period Through:** \_\_\_\_\_ **Project Number:** \_\_\_\_\_  
**Subcontractor:** \_\_\_\_\_ **Subcontract #:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

This above-named Subcontractor has hired, or will hire, the following sub-subcontractors or vendors to either work on site, or supply equipment or materials for the above-referenced project\*:

**SUB-SUBCONTRACTORS:**

SUB NAME	ACCOUNTING CONTACT NAME	EMAIL	PHONE #	TOTAL CONTRACT VALUE	TOTAL BILLED TO DATE	TOTAL PAID TO DATE	AMOUNT DUE THIS PERIOD

**MATERIAL SUPPLIERS:**

VENDOR NAME	ACCOUNTING CONTACT NAME	EMAIL	PHONE #	TOTAL PO VALUE	TOTAL BILLED TO DATE	TOTAL PAID TO DATE	AMOUNT DUE THIS PERIOD

\* This Subcontractor will contact DEW Construction if any of the information provided above changes and/or if any new sub/subs and/or material suppliers are hired after the date given below. (Use additional sheet(s) if, necessary. See attached separate sheet for both subcontractors and vendors. Additional sheets must be accompanied by this page.)

**This form must be updated and submitted on a monthly basis with your requisition in order for payments to be processed.**

The Subcontractor is aware that all sub/subcontractors must meet the same insurance requirements as Subcontractor.

\_\_\_\_\_ I DO NOT INTEND TO USE ANY SUB/SUBCONTRACTORS ON THE ABOVE REFERENCED PROJECT. (Check here if Subcontractors section above is not applicable.)

\_\_\_\_\_ I DO NOT INTEND TO USE ANY MATERIAL SUPPLIERS ON THE ABOVE REFERENCED PROJECT. (Check here if Material Suppliers section above is not applicable.)

By Sub Representative: \_\_\_\_\_ Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Continuation sheet if required (must be accompanied by signed page 1)

REQ #: \_\_\_\_\_ Period Through: \_\_\_\_\_ Project Number: \_\_\_\_\_  
 Subcontractor: \_\_\_\_\_ Subcontract #: \_\_\_\_\_ Project Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**ADDITIONAL SUB-SUBCONTRACTORS:**

SUB NAME	ACCOUNTING CONTACT NAME	EMAIL	PHONE #	TOTAL CONTRACT VALUE	TOTAL BILLED TO DATE	TOTAL PAID TO DATE	AMOUNT DUE THIS PERIOD

**ADDITIONAL MATERIAL SUPPLIERS:**

VENDOR NAME	ACCOUNTING CONTACT NAME	EMAIL	PHONE #	TOTAL PO VALUE	TOTAL BILLED TO DATE	TOTAL PAID TO DATE	AMOUNT DUE THIS PERIOD