CITY OF AUBURN
SUBCONTRACTOR REPORT
FOR PAY REQUEST

Please fill out this form and submit it with your invoice, and as part of your Application for Payment.

Prime Contractor :		Project Title:
Current Billing Period:	State or Federal Aid #:	City Project #:

Instructions: List all subcontractors, including all subcontractors of any tier, who performed work on the project site for this billing period.

SUBCONTRACTORS	INTENT ID #	LAST DATE PAYROLLS SUBMITTED (State/Federal Projects Only)

CERTIFICATIONS:

1. I have listed all of the subcontractors who performed work on the project site during the current billing period noted above (regardless of my application for payment includes a payment request for their work).

2. Prevailing wages for this project have been paid in accordance with the pre-filed statement of intent to pay prevailing wages, approved by the Industrial Statistician of the Department of Labor and Industries.

3. I have paid all of my subcontractors and material suppliers for the invoice covering the previous billing period (less retainage) (not applicable if this is the first billing period).

   I certify under penalty of perjury under the laws of the State of Washington that all of the above information and certification statements are true and correct.

Authorized Signature of Contractor	Printed Name	Date Signed:
Title:		