



**SUBCONTRACTOR PAYMENT REPORT**

**THIS FORM MUST BE COMPLETED IN FULL AND NOTARIZED**

Contract Number: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Amount of Subcontract: \$ \_\_\_\_\_

Description of Service/Supply: \_\_\_\_\_

Amount Billed by Subcontractor to Date: \$ \_\_\_\_\_

Amount Paid to Subcontractor to Date: \$ \_\_\_\_\_

Amount Owed to Subcontractor to Date: \$ \_\_\_\_\_

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Upon Penalty of perjury, I \_\_\_\_\_ (*print name*)  
the \_\_\_\_\_ (*title*) and duly authorized representative  
of \_\_\_\_\_ (*firm name*) affirm that all of the foregoing information  
is true and correct and that the expenditures indicated above have been received for services/supplies  
provided.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Notary Seal

**RETURN THIS FORM TO:**

**Betty Hancock Perry  
Director  
Office of Contract Compliance  
118 North Clark Street, Room 1020  
Chicago, Illinois 60602  
(Revised 2/8/08)**