



SUBCONTRACTOR'S MATERIAL & EQUIPMENT LIST

Job #: _____ Job Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Subcontractor Name: _____
 Address: _____
 Contact: _____ Phone: _____

SUBCONTRACTOR MATERIAL SUPPLIER(S)

1) Company Name: _____
 Contact: _____ Phone: _____
 Estimated Amount of Material / Equipment to be Purchased: \$ _____

2) Company Name: _____
 Contact: _____ Phone: _____
 Estimated Amount of Material / Equipment to be Purchased: \$ _____

3) Company Name: _____
 Contact: _____ Phone: _____
 Estimated Amount of Material / Equipment to be Purchased: \$ _____

PLEASE LIST ADDITIONAL SUPPLIERS ON BACK OF FORM.
 In addition, it is required of you to furnish Venture Construction Company the names of any material and / or equipment suppliers used on this project after the completion of this initial list.

SUBCONTRACTOR MUST SIGN AND RETURN THIS FORM BEFORE THE CHECK FOR THE FIRST DRAW IS RELEASED. THIS IS TO CERTIFY THAT THESE SUPPLIERS ARE THE ONLY SUPPLIERS TO BE USED ON THIS JOB BY THIS SUBCONTRACTOR. FINAL WAIVERS OF LIEN WILL BE REQUIRED FROM THESE SUPPLIERS BEFORE PAYMENT OF MORE THAN FIFTY (50%) PERCENT OF THE SUBCONTRACT AMOUNT.

Signature (Must be Owner or Officer) _____ Notary _____
 Print Name _____ Subscribed and sworn before me this _____ day of _____ 20 _____
 My Commission Expires: _____