

SUBCONTRACTOR AGREEMENT FORM

(Committee Name)

Vendor Name: _____

Vendor Address: _____

Vendors Principal: _____

Did you use subcontractors? Yes No

If yes, did the cost of subcontracted goods or services provided by any single person or entity exceed \$ 10.00 during the campaign? Yes No

If yes, please provide the following information:

1.

Subcontractor Name: _____

Subcontractors Principals: _____

Subcontractor Address: _____

Services Provided: _____

Cost of Services Provided: _____

2.

Subcontractor Name: _____

Subcontractors Principals: _____

Subcontractor Address: _____

Services Provided: _____

Cost of Services Provided: _____

Vendor Signature: _____ Date: _____

Name: _____

Title: _____