

# VORTEX Construction

# SUBCONTRACTOR DAILY

JOB NAME: \_\_\_\_\_

REPORT NO. \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

Subcontractor SUPT. / FOREMAN \_\_\_\_\_

WEATHER  
TEMPERATURE AM \_\_\_ PM \_\_\_

**→ THIS FORM TO BE TURNED IN TO VTX SUPERINTENDENT AT END OF EACH DAY←**  
**Or fax to Vortex Main Office at 661-324-5864**

SUBCONTRACTOR NAME: \_\_\_\_\_

EMPLOYEE NAME & CLASSIFICATION	HOURS	WORK PERFORMED

SUB-TIER SUBCONTRACTOR NAME: \_\_\_\_\_

EMPLOYEE NAME & CLASSIFICATION	HOURS	WORK PERFORMED

EQUIPMENT ON PROJECT TODAY	HOURS	RENTED	HOURS

MATERIALS RECEIVED TODAY	

CHANGE ORDER NO. \_\_\_\_\_

OTHER REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_