

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: _____

