

NOTE: This form is to be completed with each supplier on this job and attached to your First Billing and every Billing thereafter.
Supplier lien released must be supplied when requested by TCC Corporation

Confirmation of Supplier/2nd Tier Subcontractor Payment

Sub-Contractor: _____

Billing Month: _____

	Supplier or Second Tier Subcontractor name, address and contact person with phone numbers	Total Amount Owed	Amount Paid This Month	*TCC USE ONLY* Suppliers/2nd Tier Subcontractors Liens Required for This Billing
1	Supplier or Second Tier Subcontractor Name Address Contact Person Phone #			
2				
3				
4				
5				
6				
7				

By signing this form the person signing this form is attesting all the above information is true and complete and no other claims from suppliers or persons are know for the _____ project.

Warning to deponent: A person, who with intent to defraud, gives a false sworn statement is subject to criminal penalties.

Name

Title (Must be an officer of the company)

Date