



AGC OF ILLINOIS ASSESSMENT REPORTING FORM

PROJECT:

(Please complete all that apply)

Awarding Agency _____

Contract # _____

Letting Item # _____

County _____

Letting Date _____

Section # _____

City _____

Other _____

TOTAL PERFORMED BY PRIME: \$ _____

AGC Subcontractors contract amount:

Company _____ \$ _____

Company _____ \$ _____

Company _____ \$ _____

Company _____ \$ _____

Company _____ \$ _____

Company _____ \$ _____

Company _____ \$ _____

TOTAL CONTRACT: \$ _____

Company Name: _____

Information provided by: _____

Return to: AGC of Illinois
P.O. Box 2579
Springfield, IL 62708
Fax No. 217/789-1048

Date: _____