



## SCHEDULE OF UNCOMPLETED WORK (Also referred to as Work-On-Hand Report)

Must be 90 Days (ie. Not older than 90 days)

Name of Contractor \_\_\_\_\_

Date as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

	DESCRIPTION OF JOB (If Cost Plus, Please Indicate)	START DATE (mm/yy)	COMP. DATE (mm/yy)	CHECK BONDED	IF UN-BONDED	Col. 1 CONTRACT PRICE (Including Approved Change Orders)	Col. 2 CONTRACTORS ESTIMATE COST When bid (and Cost of Appr. Change Orders)	Col. 3 TOTAL BILLED TO DATE Including Retainage	Col. 4 TOTAL COST TO DATE	Col.5 TOTAL ESTIMATE COST TO COMPLETE
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14										
15										
16										
<b>TOTALS</b>										

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Remarks \_\_\_\_\_