



PREFERRED BONDING  
Insurance Services

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

Name of Contractor \_\_\_\_\_ Date as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

	DESCRIPTION OF JOB (If cost plus, please indicate)	START DATE	COMP. DATE	Bonded	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 (Explain Disputed Items)	Col. 4 TOTAL COST TO DATE	Col.5 TOTAL ESTIMATE COST TO COMPLETE
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
<b>TOTALS</b>										
<b>TOTAL UNCOMPLETED WORK: (COL. 1 minus Col. 3) =</b>							<b>BONDED:</b>			
<b>TOTAL UNCOMPLETED WORK BY SUBCONTRACTOR:</b>							<b>UNBONDED:</b>			

**INSTRUCTIONS**