



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 ____ / ____ / ____

16	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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2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
TOTALS										

Name _____

Title _____

Signature _____

Remarks _____