



SCHEDULE OF UNCOMPLETED AND COMPLETED WORK

(All work- Bonded & Unbonded – If Cost Plus, Please Indicate Up-Set Price)

Name of Contractor: _____

As of _____

Contractor's ID: _____

(Date)

Job Number	Description of Job	Owner	Contract Price (Including Approved Change Orders)	Contractor's Estimated Cost When Bid (Including Cost of Approved Change Orders)	Total Billed to Date Including Retainage (Explain Any Disputed Items)	Total Costs to Date	Total Revised Estimated Costs to Complete
Totals			\$	\$	\$	\$	\$

Contracts Completed Since Last Fiscal Closing Statement

Job Number	Description of Job	Owner	Final Contract Price	Total Cost	Gross Profit (Loss)/Gross Profit Percentage
Totals			\$	\$	\$

Total Uncompleted Work \$ _____

Total Uncompleted

Work by Subcontractors \$ _____

Bonded \$ _____

(Signed) _____

(Title) _____



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