SCHEDULE OF UNCOMPLETED AND COMPLETED WORK
(All Work – Bonded & Unbonded)
(If Cost Plus, Please Indicate Up–Set Price)

Name of Contractor: _____

As of _____
(Date)

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 of Costs to Date*	*Total Revised Estimated Costs to Complete*
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
TOTALS		$	$	$	$	$

Contracts Completed Since Last Fiscal Statement

Description of Job	*Owner*	*Final Contract Price*	*Total Cost*	*Gross Profit/Loss*
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$

Total Uncompleted Work $ _____

Total Uncompleted Work by Subcontractors $ _____

Bonded $ _____

Signed: _____

Title: _____