

SCHEDULE OF UNCOMPLETED WORK

Phone: 1-831-685-3215
FAX: 1-831-685-2715

NAME AND ADDRESS OF CONTRACTOR _____

STATUS OF UNCOMPLETED CONTRACTS AS OF _____, 20 _____

1	2	3	4	5	6	7	8	9	10
Contract Description And Location	Start Date	Com- pletion Date	Bonded Y/N	Job Number	Contract Price In- cluding Approved Change Orders	Original Estimated profit	Total Amoun Billed to date Including Retention	Costs to date	Estimated Cost to Complete
TOTAL									

A) Are you anticipating any projects or are you currently negotiating any jobs not listed above? _____ If yes, please explain _____

B) Do any billings include claims or disputed items? _____ If yes, please explain _____
