SCHEDULE OF UNCOMPLETED WORK

(ALL WORK - - BONDED & NOT BONDED - - IF COST PLUS, PLEASE INDICATE)

NAME OF CONTRACTOR							DATE AS OF		
DESCRIPTION OF JOB	STARTING DATE	COMPLETION DATE	BONDED	NOT BONDED	CONTRACT PRICE (Including approved change orders)	CONTRACTOR'S EST. COST When Bid (Including cost of approved change orders	TOTAL BILLED To date Including retainages (explain any disputed items)	TOTAL COST (To date)	TOTAL REVISED Estimated cost to complete
TOTALS									

TOTAL UNCOMPLETED WORK	**I agree to pay for any additional expenses or fees, charged for the handling of my bonds, assuming them to be reasonable.**
TOTAL UNCOMPLETED WORK BY SUBCONTRACTORS	**These charges may include, but are not limited to, special mailing, gathering of pertinent information, or rates in excess of those filed with any state.**
BONDED	
NOT BONDED	**Principal's Signature** **Date**