

# Schedule of Uncompleted Work

Name of Contractor		Date as of		MONTH/DAY/YEAR					
DESCRIPTION OF JOB (If cost plus, please indicate)	START DATE	COMP. DATE	Bonded	Un- bonded	Col. 1 CONTRACT PRICE (Including Approved Change Orders)	Col. 2 CONTRACTORS ESTIMATED COST When Bid (and Cost of Appr. Change Orders)	Col. 3 TOTAL BILLED TO DATE Including Retainage (Explain Disputed Items)	Col. 4 TOTAL COST TO DATE	Col. 5 TOTAL ESTIMATE COST TO COMPLETE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
TOTALS									
TOTAL UNCOMPLETED WORK:									
TOTAL UNCOMPLETED WORK BY SUBCONTRACTOR:									
BONDED:									
UNBONDED:									
SIGNATURE:									
TITLE									
REMARKS									