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		Un- bonded	Col. 1 CONTRACT PRICE (Including Approved Change Orders)	COI. 2 CONTRACTORS ESTIMATE 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										
TC	TALS									
TOTAL UNCOMPLETED WORK (Col. 1 minus Col. 3)=								SIGNATURE		
TOTAL UNCOMPLETED WORK BY SUBCONTRACTOR								TITLE		
BONDED:								REMARKS		
UNBONDED:										