Contractor _____
Address _____
_____
Date _____

WORK - ON - HAND SCHEDULE

Uncompleted Contracts - Include both Bonded and Unbonded Contracts. If Cost Plus, indicate upset price.

Job Description	Contract Price * (1)	Original Estimated Cost (2)	Amount Billed to Date ** (3)	Cost to Date (4)	Estimated Costs to Complete (5)	Original Estimated Profit (6)	Anticipated Completion Date (7)

Contracts Completed During Last Fiscal Year of Since Last Status of Contracts Report

Contract Description and Location	Final Contract Price	Total Cost	Gross Prof. o Loss

Remarks:

*** To include all approved change orders.**
**** Estimates Paid, approved unpaid estimated & retained percentage**

Signed _____
Title _____