SCHEDULE OF UNCOMPLETED WORK - BONDED AND UNBONDED

Name of Contractor_____ **Date:**_____

Project Name	Start Date	Completion Date	Bonded Yes/No	Contract Price	Estimated Cost When Bid	Bill to Date (include approved change orders)	Cost to Date (include approved change orders)	Cost to Complete
TOTALS								

Total Uncompleted Work:_____
Bonded:_____
Unbonded:_____
Total Uncompleted Work by Subcontractors:_____

Signed by:_____
Date:_____
Comments:_____