



WORK ON HAND

Name of Contractor:					Date as of:				
#	Description of Job	Starting Date	Completion Date	Bonded?	Contract Price (incl cost of approved change order)	Total Cost	Total Billed To Date (including cost of approved change orders)	Total Cost to Date	Total Revised Estimated 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:									