Date
Contractor
Address

# 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) |
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**Contracts Completed During Last Fiscal Year or Since Last Status of Contracts Report**

| Contract Description and Location | Final Contr. Price | Total Cost | Gross Prof. Or Loss |
|---|---|---|---|
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Remarks:

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

Signed _____

Title _____