

**SCHEDULE OF UNCOMPLETED WORK (BONDED & UNBONDED)
FOR THE PERIOD ENDING _____, 2005**
(List all contracts, bonded & unbonded - if cost plus contract, please indicate)

NAME OF CONTRACTOR:						DATE:			
JOB NAME, NUMBER & LOCATION	START DATE	COMPLETION DATE	BONDED (Yes/No)	TOTAL CONTRACT PRICE <small>(including Approved Change Orders)</small>	ESTIMATED TOTAL COST AT BID	TOTAL AMOUNT BILLED TO DATE, (INCLUDING RETAINAGE)	TOTAL COST INCCURED TO DATE	TOTAL REVISED COST TO COMPLETE	
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3									
4									
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18									
TOTALS:									
FOR SURETY USE ONLY:						SIGNATURE:			
						COMMENTS:			