

SCHEDULE OF WORK-ON-HAND *Dated:* _____

CONTRACTOR NAME: _____

JOB NAME & NUMBER	CONTRACT PRICE/INCLUDE CHANGE ORDERS	BILLINGS TO DATE	COST TO DATE	COST TO COMPLETE	COMMENTS
Total:					

COMPLETED JOBS SINCE LAST REPORT

JOB NAME & NUMBER	FINAL CONTRACT PRICE	FINAL COST	GROSS PROFIT	COMMENTS
Total:				