

Work on Hand Schedule (Completed and Uncompleted Work)

Contractor: _____

Date of Report: _____

#	Description of Contract	Name of Owner or General	Contract Price Plus Approved Change Orders	Total Billed to Date (Include Retainage)	Total Costs to Date	Estimated Costs to Complete	Estimated Date of Completion

CONTRACTS COMPLETED SINCE LAST FISCAL YEAR END CLOSING

#	Description and Location	Final Price	Total Cost	Gross Profit/ Loss

Signed: _____

Title: _____

Date: _____