



## WORK – ON – HAND SCHEDULE

292 Newbury Street #105, Boston, MA 02115

Date: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Uncompleted Contracts – Include both Bonded and Unbonded Contracts. If Cost Plus please 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)

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

Remarks:

Contract Description and Location	Final Contr. Price	Total Cost	Gross Prof. Or Loss

\* To include all approved change orders.

\*\* Estimates Paid, approved unpaid estimates & retained percentage

Signed \_\_\_\_\_

Title \_\_\_\_\_