

SCHEDULE OF UNCOMPLETED WORK (ALL WORK - BONDED & UNBONDED IF COST PLUS PLEASE INDICATE)

| NAME OF CONTRACTOR | | | | | | | DATE AS OF | | |
|----------------------------------------------------------------|---------------|-----------------|--------|----------|---------------------------------------------------|----------------------------------------------------------------------------|--------------------------------|--------------------|------------------------------------------|
| OBLIGEE - CONTACT PERSON - PHONE | Starting Date | Completion Date | Bonded | Unbonded | Contract Price (Including Approved Change Orders) | Contractor's Est. Cost When Bid (Including cost of Approved Change Orders) | Total Billed to Date Including | Total Cost To Date | Total Revised Estimated Cost to Complete |
| Obligee _____ Contact _____ Phone _____ Project _____ | | | | | | | | | |
| Obligee _____ Contact _____ Phone _____ Project _____ | | | | | | | | | |
| Obligee _____ Contact _____ Phone _____ Project _____ | | | | | | | | | |
| Obligee _____ Contact _____ Phone _____ Project _____ | | | | | | | | | |
| Obligee _____ Contact _____ Phone _____ Project _____ | | | | | | | | | |
| Obligee _____ Contact _____ Phone _____ Project _____ | | | | | | | | | |
| Obligee _____ Contact _____ Phone _____ Project _____ | | | | | | | | | |
| Totals | | | | | | | | | |
| Total Uncompleted Work: | | | | | SIGNATURE | | | | |
| Total Uncompleted Work by Subcontractors: | | | | | TITLE | | | | |
| Bonded: | | | | | REMARKS | | | | |
| Unbonded: | | | | | | | | | |