



WORK IN PROGRESS

CONTRACTOR

Name		Address		City		State	ZIP Code
Number of Uncompleted Contracts	Do billings include claims or disputed items? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any contracts behind schedule or subject to penalty? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes to either, attach a complete explanation.				

UNCOMPLETED CONTRACTS

Contract Description	Bonded?	Contract Price Including Approved Changed Orders	Original Estimate of Gross Profit	Total Amount Billed to Date Including Retainage	Total Costs Incurred to Date	Estimated Cost to Complete Remaining Work	Revised Estimate of Gross Profit	Estimated Completion Date (MM/YY)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$	

CONTRACTS COMPLETED SINCE LAST REPORT DATE

Contract Description	Location	Final Contract Price	Original Estimate of Gross Profit	Total Cost	Result	Final Gross Profit or Loss
		\$	\$	\$	<input type="checkbox"/> Profit <input type="checkbox"/> Loss	\$
		\$	\$	\$	<input type="checkbox"/> Profit <input type="checkbox"/> Loss	\$
		\$	\$	\$	<input type="checkbox"/> Profit <input type="checkbox"/> Loss	\$
		\$	\$	\$	<input type="checkbox"/> Profit <input type="checkbox"/> Loss	\$

Completed by: Name: _____ Position: _____ Date: _____