AMERICANSURETYBONDS

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Schedule of Uncompleted Work

Contractor:_____ Date:_____

Project Title & Obligee	Start Date	Estimated Date of Completion	Bonded	Unbonded	Contract Price (Including Approved Change Orders)	Contractor's Cost (Including Cost of Approved Change Orders)	Total Billed To Date	Total Cost To Date	Total Estimated Cost to Complete
			☐	☐					
			☐	☐					
			☐	☐					
			☐	☐					
			☐	☐					
				Totals					

Total Uncompleted Work:_____

Total Uncompleted Work by Subcontractors:_____

Total Bonded Work:_____

Total Unbonded Work:_____

Signature:_____

Title:_____

Comments:_____

_____