SCHEDULE OF POSITION ON COMPLETED AND UNCOMPLETED PROJECTS

REPORT AS OF _____

Contractor _____ **LAST REPORT AS OF** _____

Job Number/Name	A CONTRACT PRICE (Including Change Orders)	B BILLED TO DATE (Including Retainages)	C COSTS TO DATE (Including Sub-Retainages)	D REVISED ESTIMATED COSTS TO COMPLETE	E REVISED TOTAL ESTIMATED COST OF PROJECT (C+D)	F % COM-PLETE (C/E)	G TOTAL ESTIMATED GROSS PROFIT/(LOSS) REVISED (A-E)	H ESTIMATED GROSS PROFIT EARNED TO DATE (F*G)	I EXCESS OF BILLINGS OVER (UNDER) COSTS (B-C)	J OVERBILLED (UNDERBILLED) (I-H)	K ORIGINAL ESTIMATED GROSS PROFIT	ESTIMATED COMPLETION DATE
Totals												

PROJECTS COMPLETED SINCE PRIOR REPORT					
JOB NUMBER/NAME	FINAL CONTRACT PRICE	TOTAL COST	FINAL GROSS PROFIT/(LOSS)	ORIGINAL GROSS PROFIT	DATE JOB ACCEPTED BY OWNER

COMMENTS/REMARKS:

Signature: _____

Date: _____