

SCHEDULE OF POSITION ON COMPLETED AND UNCOMPLETED PROJECTS

Contractor _____

REPORT AS OF _____
LAST REPORT AS OF _____

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

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