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Schedule of Uncompleted Work

Please list all work (bonded & unbonded) over \$50,000.

Contractor: _____

Date: _____

Project Title & Oblige Name	Start Date	Completion Date	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 Revised Estimated Cost to Complete
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
Totals									

Total Uncompleted Work: _____

Total Uncompleted Work by Subcontractors: _____

Total Bonded Work: _____

Total Unbonded Work: _____

Signature: _____

Title: _____

Comments: _____
