

# DALECGROUP

INSURANCE & BONDS

## SCHEDULE OF UNCOMPLETED WORK (ALL WORK – BONDED & UNBONDED – IF COST PLUS PLEASE INDICATE)

Name of Contractor							Date: As Of:		
DESCRIPTION OF JOB	Starting date	Completion date	Bonded	Un-Bonded	Contract Price (Including Cost of Approved Change Order)	Contractors Est. (Cost when Bid/including cost of approved change orders)	Total Billed To Date (including cost of approved change orders)	Total Cost to Date	Total Revised Estimated Cost To Complete
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
<b>TOTALS</b>									
Total Uncompleted Work:			Total Uncompleted Work By Subcontractor:		REMARKS				
Bonded			Unbonded						
Signature:									
Title:									

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