C & D INSURANCE & BONDS, INC.

WORK ON HAND SCHEDULE (COMPLETED & UNCOMPLETED WORK)

Contractor_____ Date of Report_____

Description of Contract	Name of Owner or GC	Contract Price Plus CO's	Total Billed to Date (include retainage)	Total Cost to Date	Estimated Costs to Complete Now	Estimated Date of Completion
Totals						

Contracts Completed Since Last Fiscal Year End Closing:

Description & Location	Final Price	Total Cost	Gross profit/Loss
Totals			

Signed: _____ Title: _____ Date: _____

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