

**SMALL BUSINESS ADMINISTRATION  
 SCHEDULE OF WORK IN PROCESS (ALL WORK-BONDED & UNBONDED-IF COST PLUS PLEASE INDICATE)**

BUSINESS NAME AND BUSINESS TRADE NAME		TAX ID OR SS NUMBER		DATE AS OF			
JOB DESCRIPTION	STARTING DATE	COMPLETION DATE	BONDED YES / NO	CONTRACT PRICE (Including Approved Change Orders)	Total Billed to Date Including Retainages (Explain Any Dispute Items)	Total Cost To Date	Total Revised Estimated Cost To Complete
1							
2							
3							
4							
5							
6							
7							
8							
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10							
11							
12							
13							
14							
15							
<b>TOTALS</b>							

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

*PLEASE NOTE:* The estimated burden for completing this form is 20 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: Chief, Administrative Information Branch, Room 5000, U.S. Small Business Administration, 409 3<sup>rd</sup> St., SW, Washington, DC 20416; and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202 Washington, DC 20503.