

## SMALL BUSINESS ADMINSTRATION SCHEDULE OF WORK IN PROCESS

all business must complete this form and submit it as part of its SBA Form 994, Application for Surety Bond Guarantee Assistance, ase include all work-bonded & unbonded, if cost plus please indicate.

1. BUSINESS NAME AND BUSINESS TRADE NAME:			2. TAX ID OR SOCIAL SECURITY NUMBER:			3. DATE AS OF:	
4. JOB DESCRIPTION	5. STARTING DATE	6. COMPLETIC DATE	DN 7. BOND YES / NC		9. Total Billed to Date Including Retainages (Explain Any Dispute Items)	10. Total Cost to Date	11. Total Estimated Cost to Complete
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TOTALS							
<b>PLEASE NOTE:</b> The estimated burden for complevalid OMB Control number (3245-0007). Comm Administration, 409 3rd St., SW. Washington, D Building, Room 10202 Washington, DC 20503. <b>P</b>	ents on the burde C 20416 and/or De	n should be ser esk Officer for th	nt to: Director, ne Small Busin	Records Managemen ess Administration, O	t Division, Room 5000, U	.S. Small Busin	ess