



SMALL BUSINESS ADMINISTRATION  
 SCHEDULE OF WORK IN PROCESS

Submission |  
 to the surety

all business must complete this form and submit it as part of its SBA Form 994, Application for Surety Bond Guarantee Assistance,  
 please 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. COMPLETION DATE	7. BONDED YES / NO	8. CONTRACT PRICE (Including Approved Change Orders)	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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15							
TOTALS							

**PLEASE NOTE:** The estimated burden for completing this form is 10 minutes.. You are not required to respond to any collection of information unless it displays a currently valid OMB Control number (3245-0007). Comments on the burden should be sent to: Director, Records Management Division, Room 5000, U.S. Small Business Administration, 409 3rd St., SW. Washington, DC 20416 and/or Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202 Washington, DC 20503. **PLEASE DO NOT SEND COMPLETED FORMS TO OMB.**