



SMALL BUSINESS ADMINISTRATION  
SCHEDULE OF WORK IN PROCESS

**Submission Instructions:** The small business must complete this form and submit it as part of its SBA Form 994, Application for Surety Bond Guarantee Assistance, to the surety agent of choice. 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: (xx/xx/xxxx)	
4. JOB DESCRIPTION		5. STARTING DATE: (xx/xx/xxxx)	6. COMPLETION DATE: (xx/xx/xxxx)	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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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.**