

Contractor Schedule of Values Form

Contractor Name

Project Name

Project Number

Date

Submittal No.

Period Ending

| Item No. | Description of Work | Scheduled Value | Work Completed (This Period) | Previous Work Completed | Total Completed to Date | Balance to Finish |
|--------------|---------------------|-----------------|------------------------------|-------------------------|-------------------------|-------------------|
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| TOTAL | | | | | | |

Comments / Notes

Prepared By

Date

Approved By

Date

