# Construction Work In Progress Capitalization Summary

**Project Number:**

**Project Manager:**

**Facility Name:**

**Gov. Op. Consultant I:**

**Circuit:**

**Architect Supervisor:**

**Street Address:**

**Date:**

**County, City, ZIP Code:**

**ORG Code:**

**Category & EO:**

**Category & EO:**

**Category & EO:**

**Category & EO:**

### GL Code | COMPONENT DESCRIPTION | Date Acquired | Date of Construction Contractor |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27100</td>
<td>LAND</td>
<td>27200</td>
<td>BUILDINGS (List all rooftops by description)</td>
</tr>
<tr>
<td>27400</td>
<td>IMPROVEMENTS OTHER THAN BUILDINGS</td>
<td>27400</td>
<td>TOTAL IMPROV. OTHER THAN BUILDINGS</td>
</tr>
<tr>
<td>27600</td>
<td>FURNITURE AND EQUIPMENT</td>
<td>27600</td>
<td>TOTAL FURNITURE AND EQUIPMENT</td>
</tr>
<tr>
<td>28800</td>
<td>OTHER FIXED ASSETS</td>
<td>28800</td>
<td>TOTAL OTHER FIXED ASSETS</td>
</tr>
</tbody>
</table>

**EXPENSED TRANSACTIONS**

- Travel
- Impact Fee
- Plans Review and Inspection

**TOTAL EXPENSED TRANSACTIONS**

**TOTAL RECONCILED COST**

$ -

Please Note Total Reconciled Cost has been reconciled with FLAIR LTD Schedule of Allotment Balance by Project.