

## Construction Work In Progress Capitalization Summary

**Project Number:**

**Project Manager:**

**Gov. Op. Consultant I:**

**Architect Supervisor:**

**Date:**

**ORG Code:**

**Category & EO:**

**Category & EO:**

**Category & EO:**

**Facility Name:**

**Circuit:**

**Street Address: .**

**County, City, ZIP Code:**

**Category & EO:**

**Category & EO:**

**Category & EO:**

GL Code	COMPONENT DESCRIPTION				
27100	LAND	Date Acquired			
				\$	-
27200	BUILDINGS ( List all rooftops by description)	Date of	Square	Construction	Contractor
		Completion	Feet	Cost	
	Building Construction				
	Design Fees				
27200	TOTAL BUILDINGS			\$	-
27400	IMPROVEMENTS OTHER THAN BUILDINGS				Contractor
	Site Work				
27400	TOTAL IMPROV. OTHER THAN BUILDINGS			\$	-
27600	FURNITURE AND EQUIPMENT				
	Fixed				
	Not Fixed				
27600	TOTAL FURNITURE AND EQUIPMENT			\$	-
28800	OTHER FIXED ASSETS				
28800	TOTAL OTHER FIXED ASSETS			\$	-
	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.