State of Missouri
Office of Administration
Division of Facilities Management
Design and Construction

Page Key

1A	1B	1C
2A	2B	2C

Sheet No. 2A of _____

Project Number

FILE

Contra

Project Location _____

Project Title _____

Baseli

ID Code	Description	VALUE or DATE	Baseline Duration (# of work days)	Update Wk#_____ Duration Left	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	ID Code	22
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	Contract Total or Subtotal																										

actor Name _____

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ne Schedule Date _____

Sheet No.

2B of _____

Project Number

LEGEND:

Planned Baseline	Actual Progress	Projected Progress
(Unchanged)	(When work is done)	(Adjustments required to meet completion)

23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57