CONTRACT _____

Sheet _____ of _____

Period Ending _____

LOCATION:

TO BE COMPLETED BY CONTRACTOR						GOVERNMENT USE ONLY			
Cost Category	CLIN #, SLIN #, or ACRN #	Description	Estimated Cost	% Complete	Value	%	Construction in Place		
							Value	Prior Report	This Period
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Totals									
Undistributed Charges-Material									
Other									
Grand Totals									

Remarks: