Reimbursable Agreement Cover Sheet

| Agreement Information | Division Responsible for Agreement | | |
|------------------------------------|------------------------------------|-------------------|--------------------|
| Bureau: Fund: 08 New Agreeme | nt Existing | Organization: | |
| Agreement Number | | | |
| Modification Number | | Division Contact: | |
| | | Extension: | |
| Customer Information | | AO Review: | Division: |
| CAMS Customer Name | | (Initials) | (Initials) |
| | | SMA Review: | OU: |
| (From CAMS Customer Web Lookup) | | (Initials) | (Initials) |
| Invoice Contact Number | | Billing Basis | |
| Acceptance Contact Number | | (Check One) | |
| Financial Reporting Contact Number | | Advance Wor | k-in-Process (WIP) |

Project Information List all Charging Organizations to be included on Unfilled Customer Order*

| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
|--------|---------------------|-------------------------|--------|
| (xxxx) | (xxxxxxx-xxx) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (XXXX) | (XXXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXXX-XXX) | (xx-xx-xxxx-xx-xx-xx) | |

*Please attach continuation sheet(s) as needed for additional project-tasks/organizations and amounts

TOTAL AMOUNT for this Agreement/Modification \$

Justification to Support Reimbursable Work

| STRS Relation: | | | | | |
|--|-----------|--|--------------------|-----------------------|--|
| Other Agency C | criteria: | | | | |
| Customer Ac Check "Yes" if inform ALC Appropriation DUNS | | g/Billing Information exists in agreement No No No No No | | | |
| Acceptance AT Other Billing Inf | ormation: | | | | |
| Completed by: | | Date: | RA Control Number: | Order Control Number: | |

October 2003

Reimbursable Agreement Cover Sheet (continued)

Agreement Number

Modification Number _____

Additional Project Information

| / aantionian i | roject information | | |
|----------------|--------------------|--------------------------|--------|
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXXX-XXX) | (xx-xx-xxxx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXX-XXX) | (xx-xx-xxxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXXX-XXX) | (xx-xx-xxxx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (XXXX) | (XXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (xxxx) | (XXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| FCFY | PROJECT-TASK | CHARGING ORGANIZATION | AMOUNT |
| (XXXX) | (XXXXXX-XXX) | (xx-xx-xxx-xx-xx-xx-xx) | |
| | 1 | 1 | 1 |