## U.S. DEPARTMENT OF ENERGY REPORT OF COMPENSATION PART I – INDIVIDUAL COMPENSATION

OMB CONTROL NO. 1910-0600
Burden Disclosure Statement on Reverse

FIELD OFFICE		REPORTING PERIOD (MONTH, YEAR)		
CONTRACTOR	LOCATION	SIGNATURE OF PERSON MAKING REPORT		

INPUT ID 5 5 5 5
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		SALARY		OTHER COMPENSATION	
NAME	POSITION TITLE AND ORGANIZATIONAL UNIT	BASE SALARY	AMOUNT REIMBURSED	PAYMENT	AMOUNT REIMBURSED
1	2	3	4	5	6

DOE F 3230.6a (04-91) All Other Editions Are Obsolete. OMB CONTROL NO. 1910-0600 Burden Disclosure Statement on Reverse

## **OMB Burden Disclosure Statement**

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