

CUMULATIVE CLAIM AND RECONCILIATION STATEMENT

OMB STATEMENT: This collection of information is mandatory and will be used to fulfill the requirements of the Homeland Security Acquisition Regulation (HSAR). Public reporting burden is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition and Regulatory Policy, GSA, Washington, D.C. 20405; and to the Office of Management and Budget, Information and Regulatory Offices, 725 17th Street, NW, Washington, DC 20503. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 1600-0002.

1. Name of Contractor

2. Address of Contractor

3. Contract No.

4. Delivery/Task Order No.

5. The total amount claimed under the above numbered contract, delivery order, or task order is as follows:

a.	Direct Labor	\$
b.	Direct Material	\$
c.	Other Direct Costs	\$
d.	Overhead	\$
e.	G&A	\$
f.	Subcontract Cost	\$
g.	Total Costs (5a through 5 F)	\$
h.	Fixed Fee	\$
i.	Other Fee	\$
j.	Total Amount Claimed	\$

6. Total amount due under the above numbered contract, delivery order, task order is as follows:

a.	Total Amount Claimed	\$
b.	Total Amount Paid by the Government under Voucher Nos. thru	\$
c.	Total Amount (if any) Withheld, Disallowed, etc. (as explained on the attached sheet)	\$
d.	Total Amount Due	\$

I, _____, as the _____
(Full Name) (Title)

of the above named contractor, declare that the above statements are correct in accordance with the records of the contractor.

(Signature)