CONTRACT NO.							
PERIOD	FROM	то					
FSC/PART/SECTION				CONTRACTOR (Name and address)			
MONTH OF SALES (a)	DATE RECEIVED (b)	INITIAL FOLLOWUP (c)	NOTICE TO CONTRACTING OFFICER (d)	MONTH OF SALES (a)	DATE RECEIVED (b)	INITIAL FOLLOWUP (c)	NOTICE TO CONTRACTING OFFICER (6)
JANUARY				JULY			
FEBRUARY				AUGUST			
MARCH				SEPTEMBER			
APRIL				OCTOBER			
MAY				NOVEMBER			
BNUL				DECEMBER			
REMARKS							

MASTER CONTROL

GENERAL SERVICES ADMINISTRATION

GSA FORM 2642 (REV. 1-72)