

## STATEMENT OF COST

1. Contractor Name	2. Contract No.	3. Voucher No.
4. Contractor Address	5. Period of Performance Covered by this Billing	
6. <u>CONTRACT AMOUNT: (Face value)</u> Estimated Cost \$ _____ Fixed Fee (if any) \$ _____ TOTAL \$ _____	7. <u>AMOUNT AUTHORIZED FOR EXPENDITURE: (Obligated)</u> Basic Contract \$ _____ All Modifications \$ _____ Contract to Date: TOTAL \$ _____	

8. CLAIMED COSTS	9. AMOUNT CLAIMED FOR THIS BILLING PERIOD	10. CUMULATIVE CLAIMED FOR THIS BILLING PERIOD
Direct Labor	\$ _____	\$ _____
Other Labor	_____	_____
Fringe Benefits @ % _____	_____	_____
Overhead @ % _____	_____	_____
Nonexpendable Items	_____	_____
Materials & Supplies	_____	_____
Equipment	_____	_____
Travel	_____	_____
#1 Subcontractor: _____	_____	_____
#2 Subcontractor: _____	_____	_____
#3 Subcontractor: _____	_____	_____
Other Direct Costs	_____	_____
Adjustments (Explain in 12)	_____	_____
Total Costs (Less G&A)	\$ _____	\$ _____
G&A @ % _____	_____	_____
Total Costs (With G&A)	\$ _____	\$ _____
Fee @ % _____ (if any)	_____	_____
Total Costs and Fee	\$ _____	\$ _____
Credit (Explain in 12)	_____	_____
Contractor's Share (if any)	\$ _____	\$ _____
Government's Share	\$ _____	\$ _____

11. CERTIFICATION STATEMENT: I certify that this invoice is correct and in accordance with the terms of the contract, that the costs included herein have been incurred, represent payments made by the Contract except as otherwise authorized in the payments provisions of the contract, and properly reflect the work performed.

Name (Print)	Signature	Title	Date
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12. Explanation: