

**DEPARTMENT OF TRANSPORTATION
CUMULATIVE CLAIM AND RECONCILIATION STATEMENT**

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 number 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 5f)..... | \$ | _____ |
| h. Fixed Fee..... | \$ | _____ |
| i. 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)

to the best of my knowledge and belief, the above statements are correct in accordance with the records of the contractor.

(Signature)