National Aeronautics and Space Administration

# Monthly Contractor Financial Management Report

Form Approved
O.M.B. No. 2700-0003

2. REPORT FOR MONTH ENDING AND NUMBER OF WORKING DAYS

TO:

FROM:

3. CONTRACT VALUE
a. COST $
b. FEE $

1. DESCRIPTION OF CONTRACT
a. TYPE
b. CONTRACT NO. AND LATEST DEFINITIZED MODIFICATION NO.
c. SCOPE OF WORK
d. AUTHORIZED CONTRACTOR REPRESENTATIVE *(Signature)*
DATE

4. FUND LIMITATION $

5. BILLING
a. INVOICE AMTS. BILLED $
b. TOTAL PYTS. REC'D. $

| 6. REPORTING CATEGORY | 7. COST INCURRED/HOURS WORKED | | | | 8. ESTIMATED COST/HOURS TO COMPLETE | | | 9. ESTIMATED FINAL COST/HOURS | | 10. UNFILLED ORDERS OUTSTANDING |
|---|---|---|---|---|---|---|---|---|---|---|
| | DURING MONTH | | CUM. TO DATE | | DETAIL | | BALANCE OF CONTRACT | | | |
| | ACTUAL a. | PLANNED b. | ACTUAL c. | PLANNED d. | a. | b. | c. | CONTRACTOR ESTIMATE a. | CONTRACT VALUE b. | |
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Baseline Plan Identification (Col. 7b & 7d): Revision No. _____ , Dated _____