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.	

Baseline Plan Identification (Col. 7b & 7d): Revision No. _____ , Dated _____