## U.S. DEPARTMENT OF ENERGY REPORT OF COMPENSATION PART I – INDIVIDUAL COMPENSATION

1910-0600
Burden Disclosure
Statement on Reverse

FIELD OFFICE		REPORTING PERIOD (MONTH, YEAR)
CONTRACTOR	LOCATION	SIGNATURE OF PERSON MAKING REPORT

INPUT ID	5	5	5
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		SALARY		OTHER COM	/IPENSATION
NAME	POSITION TITLE AND ORGANIZATIONAL UNIT	BASE SALARY	AMOUNT REIMBURSED	PAYMENT	AMOUNT REIMBURSED
1	2	3	4	5	6

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