OMB Control Number: 9000-0012 Expiration Date: 01/31/2014

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	For use by Prime Contractor of	cts term	inated for the	conve	nience	of the Gover	nment				
THIS APPLICATION APPLIES TO (Check one)					PPLICANT	-					
A PRIME CONTRACT WITH SUBCONTRACT OR THE GOVERNMENT DURCHASE ORDER											
SUBCONTRACT OR PURCHASE ORDER NUMBER(S)											
				S	STREET AD	DRESS					
	CONTRACTOR WHO SENT NOTIC	E OF TER	MINATION								
NAME											
				С	CITY AND STATE (Include ZIP Code)						
	ESS (Include ZIP Code)										
ADDR					NAME OF GOVERNMENT AGENCY						
					INAME OF GOVERNMENT AGENCT						
IF C	ONTRACTOR HAS GUARANTEED L	OANS OR	HAS ASSIGN	FDG	GOVERNMENT PRIME CONTRACT NUMBER						
	NEYS DUE UNDER THE CONTRACT										
	AND ADDRESS OF FINANCING INSTITUTION	-			CONTRACTOR'S REFERENCE NUMBER						
NAME	AND ADDRESS OF GUARANTOR (Include ZIP	' Code)		E	EFFECTIVE DATE OF TERMINATION DATE OF THIS APPLICATION					ATION	
NAME	AND ADDRESS OF ASSIGNEE (Include ZIP Co	ode)		A	AMOUNT REQUESTED			APPLICATION NUMBER UNDER THIS TERMINATION			
					\$ 						
	SECTION I - STATI		NTRACT OR C			FECTIVE DAT	1				
				FIN		HAND	UNFINISHED OR NOT COMMENCED		TOTAL		
	PRODUCTS COVERED BY TERMIN		PREVIOUSLY	PAYME	ENT TO BE					COVERED BY	
	CONTRACT OR PURCHASE ORD	ER	SHIPPED AND INVOICED	REC	Received This		-	BE LETED	NOT TO BE COMPLETED	CONTRACT	
	(a)		(b)	INV	OICING (c)	APPLICATION (d)	(6		(f)	OR ORDER	
		QUANTITY	(-)		(-)			,		(3)	
		\$									
		QUANTITY									
		\$									
		QUANTITY									
		\$									
	SECTION II - APPLIC	ON C	HARGE	S		SETTLE					
			ntractors' Cha	-		-			FACHED		
NO.		IT	EM	-	,			PREVIOUSLY SUBMITTED			
1.	ACCEPTABLE FURNISHED PRODU							\$			
2.	WORK-IN-PROCESS							Ψ			
3.	RAW MATERIALS, PURCHASED PA	ARTS, AND	SUPPLIES								
4.	GENERAL AND ADMINISTRATIVE EXPENSES										
5.	TOTAL (Sum of lines 1, 2, 3, and 4) \$										
6.											
7.	OTHER COSTS										
8.											
9.	TOTAL (Sum of lines 5, 6, 7, and 8)				NO 67-			\$			
10.	10. SUBCONTRACTOR SETTLEMENTS APPROVED BY CONTRACTING OFFICER OR SETTLED UNDER A DELEGATION OF AUTHORITY AND PAID BY APPLICANT								\$		
11. A	11. AMOUNT RECEIVED								<u> </u>		
(a)									\$		
(b)	b) DISPOSAL AND OTHER CREDITS										
(C)											
(d)											
(e)	TOTAL (Sum of lines c and d)							\$			

## SECTION III - AGREEMENT OF APPLICANT

## IN CONSIDERATION OF PARTIAL PAYMENT THAT MAY BE MADE, THE APPLICANT AGREES AS FOLLOWS:

(a) Repayment of Excess. If any partial payment made to the Contractor is in excess of the amount finally determined to be due on its termination settlement proposal or claim, the Contractor shall repay the excess to the Government upon demand together with interest at the rate established by the Secretary of the Treasury under 50 U.S.C. (app.) 1215(b)(2). Interest shall be computed for the period from the date of the excess payment to the date the excess is repaid. Interest shall not be charged however, for any (1) excess payment due to a reduction in the Contractor's proposal or claim because of retention or other disposition of termination inventory, until 10 days after the date of the retention or disposition, or any later date determined by the Contracting Officer because of the circumstances, or for (2) overpayment under cost-reimbursement research and development contracts (without profit or fee to the Contractor) if the overpayments are repaid to the Government within 30 days after demand.

(b) Prompt Settlement of Proposal. The applicant will make every effort to expedite final settlement of the termination settlement proposal and any proposals of its subcontractors...

(c) Disposal and Retention of Inventory. The applicant shall, within 10 days, notify the Contracting Officer whenever the proceeds received from the disposal of termination inventory, when added to the cost or agreed value of inventory retained by the applicant, exceeds the amount of its charges (Section II, Line 9) and the amount of such credits has not been included on Section II, Line b (Disposal and Other Credits).

## SECTION IV - CERTIFICATE OF APPLICANT

	I certify that the amount of charges (exclusive of subcon	tractors' charges) due as o	f the date of this application a	nd allocable to the terminated porti	on of contract							
num	ber	dated	t									
with		, is not less than S	; that, to the best of my knowledge,									
	with, is not less than \$; that, to the best of my knowledge, ; that, to the best of my knowledge,											
	the amounts received are set forth above; and that I have not assigned any moneys payable under this contract, except as set forth above.											
NAM	IE OF APPLICANT		BY (Signature of authorized official)									
			TITLE	DATE								
	SECTION V - RECOMMENDATION OF FIRST REVIEWING CONTRACTOR											
The undersigned states that it has examined this application and has considered the applicant's general reputation. It has no reason to doubt the accuracy of the information contained in this application or that amount certified by the applicant as due will constitute a proper charge to be included in the undersigned's termination												
settlement proposal against												
	commends that the requested partial payment be made.											
The undersigned agrees that it will promptly pay over to the applicant or credit against amounts owing from the applicant any amount received for the benefit of the applicant under this application, and that it will repay to the Government on demand any amount not so paid or credited.												
NAM	IE OF CONTRACTOR		BY (Signature of authorized official)									
			TITLE		DATE							
	SECTION VI - RE	COMMENDATION O	F OTHER REVIEWING	CONTRACTORS								
	Each of the undersigned states that it has no reason to do		artial payment requested, and	recommended above is due the a	pplicant will							
con	stitute a proper charge in the termination settlement propos	sal of the undersigned.										
rece	Each of the undersigned agrees that it will promptly pay o vived for the benefit of the applicant under this application,				any amount							
CONTRACTOR DATE		DATE	IDENTIFICATION OF YOUR CONTRACT	SIGNATURE OF OFF OR OW	, , ,							
1												
2												
2												
3												

(Where the space provided for any information is insufficient, continue on a separate sheet.)