EPA Form 1900-10 (Rev. 3-06)

Previous Edition is Obsolete

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| **EPA United States Environmental Protection Agency** Contractor's Cumulative Claim and Reconciliation | | | | | **OMB No. 2030 – 0016**  **Approval expires 12/31/21** | | | |
| 1. Contractor's Address *(include zip c*ode) | | | | | 2. Contract No. | | | |
| 3. Total amounts claimed under this contract (*less disallowances concurred by the contractor and disallowances not subject to appeal*) and approved on Public Vouchers Nos. to (including completion vouchers). | | | | | | | | |
| **Item** | | | | | **Amount** | | | |
| Direct Labor | | | | | $ | | | |
| Direct Material and Supplies | | | | | $ | | | |
| Equipment | | | | | $ | | | |
| Travel | | | | | $ | | | |
| Subcontract Costs | | | | | $ | | | |
| Other Direct Costs | | | | | $ | | | |
| Consultant Fees | | | | | $ | | | |
| Fixed Fee | | | | | $ | | | |
| Indirect Costs (Total From Section 4) | | | | | $ | | | |
| Total Amount Claimed | | | | | $ | | | |
| 4. Reconciliation of Indirect Costs Claimed. Record the amount of indirect costs calculated, for each cost center, using negotiated final indirect cost rate(s). Use provisional rate(s) if final rates are not negotiated for any fiscal year period(s). *Use the reverse side of this form, if necessary, to display all years and cost centers.* | | | | | | | | |
|  | Cost Center | Cost Center | | Cost Center | | Cost Center | Cost Center | |
| FY­ |  | | | | | | | |
| Base |  |  | |  | |  |  | |
| Rate |  |  | |  | |  |  | |
| Indirect Costs |  |  | |  | |  |  | |
| FY­ |  | | | | | | | |
| Base |  |  | |  | |  |  | |
| Rate |  |  | |  | |  |  | |
| Indirect Costs |  |  | |  | |  |  | |
| FY­ |  | | | | | | | |
| Base |  |  | |  | |  |  | |
| Rate |  |  | |  | |  |  | |
| Indirect Costs |  |  | |  | |  |  | |
| Totals |  |  | |  | |  |  | |
| *No monies or other benefits may be paid unless this report is completed and filed as required in the EPA billing instructions.* | | | | | | | | |
| *I certify that the information provided on this form and attachments thereto are accurate and complete. I acknowledge that any knowingly false or misleading information may be punishable by fine and/or imprisonment under applicable law.* | | | | | | | | |
| Name and Title (Print or Type) | | | Signature | | | | | Date |

|  |  |  |  |  |  |
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| Paperwork Reduction Act Notice This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2030-0016). Responses to this collection of information are mandatory (48 CFR 52.216-7)” An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 60 minutes per response. Send comments on the Agency’s need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address. | | | | | |
|  | **Cost Center** | **Cost Center** | **Cost Center** | **Cost Center** | **Cost Center** |
| **FY** |  | | | | |
| **Base** |  |  |  |  |  |
| **Rate** |  |  |  |  |  |
| **Indirect Costs** |  |  |  |  |  |
| **FY­** |  | | | | |
| **Base** |  |  |  |  |  |
| **Rate** |  |  |  |  |  |
| **Indirect Costs** |  |  |  |  |  |
| **FY­** |  | | | | |
| **Base** |  |  |  |  |  |
| **Rate** |  |  |  |  |  |
| **Indirect Costs** |  |  |  |  |  |
| **FY­** |  | | | | |
| **Base** |  |  |  |  |  |
| **Rate** |  |  |  |  |  |
| **Indirect Costs** |  |  |  |  |  |
| **FY­** |  | | | | |
| **Base** |  |  |  |  |  |
| **Rate** |  |  |  |  |  |
| **Indirect Costs** |  |  |  |  |  |
| **Totals** |  |  |  |  |  |
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