



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 code)

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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	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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