

COST DATA SUMMARY REPORT

OMB No. 0704-CSDR
Expires: XXX/XXX

The public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.**

1. MAJOR PROGRAM b. PHASE/MILESTONE <input type="checkbox"/> Pre-A <input type="checkbox"/> A	a. NAME: <input type="checkbox"/> B <input type="checkbox"/> C-LRIP	2. PRIME MISSION PRODUCT <input type="checkbox"/> C-FRP <input type="checkbox"/> O&S	3. REPORTING ORGANIZATION TYPE <input type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR <input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR <input type="checkbox"/> GOVERNMENT	4. NAME/ADDRESS (Include ZIP Code) a. PERFORMING ORGANIZATION b. DIVISION	5. APPROVED PLAN NUMBER
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6. CUSTOMER (Direct-reporting subcontractor use only)	7. CONTRACT TYPE	8. CONTRACT PRICE	9. CONTRACT CEILING	10. TYPE ACTION a. CONTRACT NO.: b. LATEST MODIFICATION:	c. SOLICITATION NO.: d. NAME:	e. TASK ORDER/DELIVERY ORDER/LOT NO.:
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11. PERIOD OF PERFORMANCE a. START DATE (YYYYMMDD): b. END DATE (YYYYMMDD):	12. APPROPRIATION <input type="checkbox"/> RDT&E <input type="checkbox"/> PROCUREMENT <input type="checkbox"/> O&M	13. REPORT CYCLE <input type="checkbox"/> INITIAL <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL	14. SUBMISSION NUMBER	15. RESUBMISSION NUMBER	16. REPORT AS OF (YYYYMMDD)
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17. NAME (Last, First, Middle Initial)	18. DEPARTMENT	19. TELEPHONE NUMBER (Include Area Code)	20. EMAIL ADDRESS	21. DATE PREPARED (YYYYMMDD)
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WBS ELEMENT CODE A	WBS REPORTING ELEMENTS B	NUMBER OF UNITS TO DATE C	COSTS INCURRED TO DATE (thousands of U.S. Dollars)			NUMBER OF UNITS AT COMPLETION G	COSTS INCURRED AT COMPLETION (thousands of U.S. Dollars)		
			NONRECURRING D	RECURRING E	TOTAL F		NONRECURRING H	RECURRING I	TOTAL J

22. REMARKS