

**FUNCTIONAL COST-HOUR REPORT**

OMB No. 0704-CSDR  
Expires: XXXXXXX

The public reporting burden for this collection of information is estimated to average 16 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.**

<b>1. MAJOR PROGRAM</b> a. NAME:		<b>2. PRIME MISSION PRODUCT</b>	<b>3. REPORTING ORGANIZATION TYPE</b>		<b>4. NAME/ADDRESS</b> (Include Zip Code)		<b>5. APPROVED PLAN NUMBER</b>
b. PHASE/MILESTONE			<input type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR <input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR <input type="checkbox"/> GOVERNMENT		a. PERFORMING ORGANIZATION		
<input type="checkbox"/> Pre-A	<input type="checkbox"/> B						
<input type="checkbox"/> A	<input type="checkbox"/> C-LRIP	<input type="checkbox"/> C-FRP					
		<input type="checkbox"/> O&S					

<b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only)			<b>7. TYPE ACTION</b>		
a. CONTRACT NO.:		c. SOLICITATION NO.:		e. TASK ORDER/DELIVERY ORDER/LOT NO.:	
b. LATEST MODIFICATION:			d. NAME:		

<b>8. PERIOD OF PERFORMANCE</b>		<b>9. REPORT CYCLE</b>		<b>10. SUBMISSION NUMBER</b>		<b>11. RESUBMISSION NUMBER</b>		<b>12. REPORT AS OF</b> (YYYYMMDD)	
a. START DATE (YYYYMMDD):		<input type="checkbox"/> INITIAL							
b. END DATE (YYYYMMDD):		<input type="checkbox"/> INTERIM							
		<input type="checkbox"/> FINAL							

<b>13. NAME</b> (Last, First, Middle Initial)		<b>14. DEPARTMENT</b>		<b>15. TELEPHONE NO.</b> (Include Area Code)		<b>16. EMAIL ADDRESS</b>		<b>17. DATE PREPARED</b> (YYYYMMDD)	

<b>18. WBS ELEMENT CODE</b>		<b>19. WBS REPORTING ELEMENT</b>		<b>20. NUMBER OF UNITS</b>		<b>21. APPROPRIATION</b>	
				a. TO DATE                      b. AT COMPLETION		<input type="checkbox"/> RDT&E <input type="checkbox"/> PROCUREMENT <input type="checkbox"/> O&M	

FUNCTIONAL DATA ELEMENTS	COSTS AND HOURS INCURRED TO DATE (thousands of U.S. Dollars or thousands of hours)			COSTS AND HOURS INCURRED AT COMPLETION (thousands of U.S. Dollars or thousands of hours)		
	A. NONRECURRING	B. RECURRING	C. TOTAL	D. NONRECURRING	E. RECURRING	F. TOTAL
	<b>ENGINEERING</b>					
(1) DIRECT ENGINEERING LABOR HOURS						
(2) DIRECT ENGINEERING LABOR DOLLARS						
(3) ENGINEERING OVERHEAD DOLLARS						
(4) TOTAL ENGINEERING DOLLARS						
<b>MANUFACTURING OPERATIONS</b>						
(5) DIRECT TOOLING LABOR HOURS						
(6) DIRECT TOOLING LABOR DOLLARS						
(7) DIRECT TOOLING & EQUIPMENT DOLLARS						
(8) DIRECT QUALITY CONTROL LABOR HOURS						
(9) DIRECT QUALITY CONTROL LABOR DOLLARS						
(10) DIRECT MANUFACTURING LABOR HOURS						
(11) DIRECT MANUFACTURING LABOR DOLLARS						
(12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control)						
(13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)						
<b>MATERIALS</b>						
(14) RAW MATERIAL DOLLARS						
(15) PURCHASED PARTS DOLLARS						
(16) PURCHASED EQUIPMENT DOLLARS						
(17) MATERIAL HANDLING OVERHEAD DOLLARS						
(18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS						
(19) TOTAL MATERIAL DOLLARS						
<b>OTHER COSTS</b>						
(20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)						
<b>SUMMARY</b>						
(21) TOTAL COST (Direct and Overhead)						

**22. REMARKS**