

SUPPLEMENTAL CONTRACTOR COST REPORT For use of this form, see AR 37-200; the proponent agency is COA.							REQUIREMENT CONTROL SYMBOL: DD-COMP(Q) 1429					
SYSTEM IDENTIFICATION												
1. PROGRAM NAME			2. IDENTIFICATION				3a. PROGRAM PHASE <input type="checkbox"/> AD <input type="checkbox"/> FSD <input type="checkbox"/> PPDD			3b. PERCENT OF PROGRAM PHASE		
CONTRACT INFORMATION												
4. CONTRACTOR (Name & location)					5a. CONTRACT NUMBER							
					5b. DEFINITIZATION DATE (YYMMDD)			5c. TYPE OF CONTRACT				
					5d. ESTIMATED PRICE			5e. ESTIMATED CEILING				
6. NEGOTIATED COST		7. AUTHORIZED, UNPRICED WORK				8. ANTICIPATED CHANGES						
9. WORK START DATE (YYMMDD)			10. CONTRACT COMPLETION DATE (YYMMDD)				11. SIGNIFICANT EFFORT COMPLETION DATE (YYMMDD)					
PERFORMANCE DATA												
(LEAVE BLANK)			12. REPORT DATE (YYMMDD)			13. SOURCE DOCUMENT (Check) <input type="checkbox"/> DI-F-6000A <input type="checkbox"/> DI-F-6000A <input type="checkbox"/> DI-F-6000B <input type="checkbox"/> OTHER (Specify) _____						
14. BCWS	15. BCWP	16. ACWP	17. MR	18. CONTRACT BUDGET BASE	19. TOTAL ALLOCATED BUDGET	20. CONTRACTOR ESTIMATE	21. PROGRAM MANAGER EST	22. EST COMPL DATE (YYMMDD)				
23. VARIANCE ANALYSIS												
24. OVER TARGET BASELINE (If amount in 19 exceeds amount in 18, provide the following)												
DATE AUTHORIZED (YYMMDD) _____			COST VARIANCE ADJUSTMENT _____			SCHEDULE VARIANCE ADJUSTMENT _____						