

SUBCONTRACTING REPORT FOR INDIVIDUAL CONTRACTS

(See instructions on reverse)

OMB No.: 9000-0006
Expires: 04/30/2004

Public reporting burden for this collection of information is estimated to average 9 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 this burden, to the FAR Secretariat (MVP), Acquisition Policy Division, GSA, Washington, DC 20406.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED	
a. COMPANY NAME			4. REPORTING PERIOD FROM INCEPTION OF CONTRACT THRU: YEAR <input type="checkbox"/> MAR 31 <input type="checkbox"/> SEPT 30	
b. STREET ADDRESS				
c. CITY	d. STATE	e. ZIP CODE	5. TYPE OF REPORT <input type="checkbox"/> REGULAR <input type="checkbox"/> FINAL <input type="checkbox"/> REVISED	
2. CONTRACTOR IDENTIFICATION NUMBER				

6. ADMINISTERING ACTIVITY (Please check applicable box)

<input type="checkbox"/> ARMY	<input type="checkbox"/> GSA	<input type="checkbox"/> NASA
<input type="checkbox"/> NAVY	<input type="checkbox"/> DOE	<input type="checkbox"/> OTHER FEDERAL AGENCY (Specify)
<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> DEFENSE CONTRACT MANAGEMENT AGENCY	

7. REPORT SUBMITTED AS (Check one and provide appropriate number)		8. AGENCY OR CONTRACTOR AWARDING CONTRACT		
<input type="checkbox"/> PRIME CONTRACTOR	PRIME CONTRACT NUMBER	a. AGENCY'S OR CONTRACTOR'S NAME		
<input type="checkbox"/> SUBCONTRACTOR	SUBCONTRACT NUMBER	b. STREET ADDRESS		
9. DOLLARS AND PERCENTAGES IN THE FOLLOWING BLOCKS: <input type="checkbox"/> DO INCLUDE INDIRECT COSTS <input type="checkbox"/> DO NOT INCLUDE INDIRECT COSTS		c. CITY	d. STATE	e. ZIP CODE

SUBCONTRACT AWARDS

TYPE	CURRENT GOAL		ACTUAL CUMULATIVE	
	WHOLE DOLLARS	PERCENT	WHOLE DOLLARS	PERCENT
10a. SMALL BUSINESS CONCERNS (Include SDB, WOSB, HBCU/MI, HUBZone SB, and VOSB (including Service-Disabled VOSB)) (Dollar Amount and Percent of 10c.)				
10b. LARGE BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)				
10c. TOTAL (Sum of 10a and 10b.)		100.0%		100.0%
11. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS (Include HBCU/MI) (Dollar Amount and Percent of 10c.)				
12. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS (Dollar Amount and Percent of 10c.)				
13. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI) (If applicable) (Dollar Amount and Percent of 10c.)				
14. HUBZone SMALL BUSINESS (HUBZone SB) CONCERNS (Dollar Amount and Percent of 10c.)				
15. VETERAN-OWNED SMALL BUSINESS CONCERNS (Including Service-Disabled Veteran-Owned SB Concerns) (Dollar Amount and Percent of 10c.)				
16. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)				

17. REMARKS

18a. NAME OF INDIVIDUAL ADMINISTERING SUBCONTRACTING PLAN		18b. TELEPHONE NUMBER	
		AREA CODE	NUMBER

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition is not usable

STANDARD FORM 294 (REV. 9/2001)
Prescribed by GSA-FAR (48 CFR) 53.219(a)

GENERAL INSTRUCTIONS

1. This report is not required from small businesses.
2. This report is not required for commercial items for which a commercial plan has been approved, nor from large businesses in the Department of Defense (DOD) Test Program for Negotiation of Comprehensive Subcontracting Plans. The Summary Subcontract Report (SF 295) is required for contractors operating under one of these two conditions and should be submitted to the Government in accordance with the instructions on that form.
3. This form collects subcontract award data from prime contractors/subcontractors that: (a) hold one or more contracts over \$500,000 (over \$1,000,000 for construction of a public facility); and (b) are required to report subcontracts awarded to Small Business (SB), Small Disadvantaged Business (SDB), Women-Owned Small Business (WOSB), HUBZone Small Business (HUBZone SB), Veteran-Owned Small Business (VOSB) and Service-Disabled Veteran-Owned Small Business concerns under a subcontracting plan. For the Department of Defense (DOD), the National Aeronautics and Space Administration (NASA), and the Coast Guard, this form also collects subcontract award data for Historically Black Colleges and Universities (HBCUs) and Minority Institutions (MI).
4. This report is required for each contract containing a subcontracting plan and must be submitted to the administrative contracting officer (ACO) or contracting officer if no ACO is assigned, semi-annually during contract performance for the periods ended March 31st and September 30th. A separate report is required for each contract at contract completion. Reports are due 30 days after the close of each reporting period unless otherwise directed by the contracting officer. Reports are required when due, regardless of whether there has been any subcontracting activity since the inception of the contract or since the previous report.
5. Only subcontracts involving performance in the U.S. or its outlying areas should be included in this report.
6. Purchases from a corporation, company, or subdivision that is an affiliate of the prime/subcontractor are not included in this report.
7. Subcontract award data reported on this form by prime contractors/subcontractors shall be limited to awards made to their immediate subcontractors. Credit cannot be taken for awards made to lower tier subcontractors.

SPECIFIC INSTRUCTIONS

BLOCK 2: For the Contractor Identification Number, enter the nine-digit Data Universal Numbering System (DUNS) number that identifies the specific contractor establishment. If there is no DUNS number available that identifies the exact name and address entered in Block 1, contact Dun and Bradstreet Information Services at 1-800-333-0505 to get one free of charge over the telephone. Be prepared to provide the following information: (1) Company name; (2) Company address; (3) Company telephone number; (4) Line of business; (5) Chief executive officer/key manager; (6) Date the company was started; (7) Number of people employed by the company; and; (8) Company affiliation.

BLOCK 4: Check only one. Note that all subcontract award data reported on this form represents activity since the inception of the contract through the date indicated in this block.

BLOCK 5: Check whether this report is a "Regular," "Final," and/or "Revised" report. A "Final" report should be checked only if the contractor has completed the contract or subcontract reported in Block 7. A "Revised" report is a change to a report previously submitted for the same period.

BLOCK 6: Identify the department or agency administering the majority of subcontracting plans.

BLOCK 7: Indicate whether the reporting contractor is submitting this report as a prime contractor or subcontractor and the prime contract or subcontract number.

BLOCK 8: Enter the name and address of the Federal department or agency awarding the contract or the prime contractor awarding the subcontract.

BLOCK 9: Check the appropriate block to indicate whether indirect costs are included in the dollar amounts in blocks 10a through 14. To ensure comparability between the goal and actual columns, the contractor may include indirect costs in the actual column only if the subcontracting plan included indirect costs in the goal.

BLOCKS 10a through 16: Under "Current Goal," enter the dollar and percent goals in each category (SB, SDB, WOSB, VOSB, service-disabled VOSBs, and HUBZone SB) from the subcontracting plan approved for this contract. (If the original goals agreed upon at contract award have been revised as a result of contract modifications, enter the original goals in Block 16. The amounts entered in Blocks 10a through 16 should reflect the revised goals.) Under "Actual Cumulative," enter actual subcontract achievements (dollar and percent) from the inception of the contract through the date of the report shown in Block 4. In cases where indirect costs are included, the amounts should include both direct awards and an appropriate prorated portion of indirect awards.

BLOCK 10a: Report all subcontracts awarded to SBs including subcontracts to SDBs, WOSBs, VOSBs, service-disabled VOSBs, and HUBZone SBs. For DOD, NASA, and Coast Guard contracts, include subcontracting awards to HBCUs and MIs.

BLOCK 10b: Report all subcontracts awarded to large businesses (LBs).

BLOCK 10c: Report on this line the total of all subcontracts awarded under this contract (the sum of lines 10a and 10b).

BLOCKS 11 through 16: Each of these items is a subcategory of Block 10a. Note that in some cases the same dollars may be reported in more than one block (e. g., SDBs owned by women or veterans).

BLOCK 11: Report all subcontracts awarded to SDBs (including women-owned, veteran-owned, service-disabled VOSBs, and HUBZone SB SDBs). For DOD, NASA, and Coast Guard contracts, include subcontract awards to HBCUs and MIs.

BLOCK 12: Report all subcontracts awarded to Women-Owned firms (including SDBs, VOSB's, service-disabled VOSBs, and HUBZone SBs owned by women).

BLOCK 13 (For contracts with DoD, NASA, and Coast Guard): Report all subcontracts with HBCUs/MIs. Complete the column under "Current Goal" only when the subcontracting plan establishes a goal.

BLOCK 14: Report all subcontracts awarded to HUBZone SBs (including women-owned, veteran-owned, service-disabled VOSBs, and SDB HUBZone SBs).

BLOCK 15: Report all subcontracts awarded to VOSBs including service-disabled VOSBs (includes VOSBs that are also SDBs, WOSBs and HUBZone SBs.).

BLOCK 16: Report all subcontracts awarded to service-disabled veteran-owned SB concerns that are also SDBs, WOSBs, and HUBZone SBs.

BLOCK 17: Enter a short narrative explanation if (a) SB, SDB, WOSB, VOSB, Service-Disabled VOSBs, or HUBZone SB accomplishments fall below that which would be expected using a straight-line projection of goals through the period of contract performance; or (b) if this is a final report, any one of the three goals was not met.

DEFINITIONS

1. Direct Subcontract Awards are those that are identified with the performance of one or more specific Government contract(s).

2. Indirect costs are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts; these awards are related to Government contract performance but remain for allocation after direct awards have been determined and identified to specific Government contracts.

DISTRIBUTION OF THIS REPORT

For the Awarding Agency or Contractor:

The original copy of this report should be provided to the contracting officer at the agency or contractor identified in Block 8. For contracts with DOD, a copy should also be provided to the Defense Contract Management Agency (DCMA) at the cognizant Defense Contract Management Area Operations (DCMAO) office.

For the Small Business Administration (SBA):

A copy of this report must be provided to the cognizant Commercial Market Representative (CMR) at the time of a compliance review. It is NOT necessary to mail the SF 284 to SBA unless specifically requested by the CMR.

SUMMARY SUBCONTRACT REPORT
(See instructions on reverse)

OMB No.: 9000-0007
Expires: 09/30/2003

Public reporting burden for this collection of information is estimated to average 15.9 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 this burden, to the FAR Secretariat (INVP), Acquisition Policy Division, GSA, Washington, DC 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED	
a. COMPANY NAME			4. REPORTING PERIOD: <input type="checkbox"/> OCT 1 - MAR 31 <input type="checkbox"/> OCT 1 - SEPT 30 YEAR	
b. STREET ADDRESS				
c. CITY	d. STATE	e. ZIP CODE		
2. CONTRACTOR IDENTIFICATION NUMBER			5. TYPE OF REPORT <input type="checkbox"/> REGULAR <input type="checkbox"/> FINAL <input type="checkbox"/> REVISED	
6. ADMINISTERING ACTIVITY <i>(Please check applicable box)</i>				
<input type="checkbox"/> ARMY	<input type="checkbox"/> DEFENSE CONTRACT MANAGEMENT AGENCY	<input type="checkbox"/> DOE		
<input type="checkbox"/> NAVY	<input type="checkbox"/> NASA	<input type="checkbox"/> OTHER FEDERAL AGENCY <i>(Specify)</i>		
<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> GSA			
7. REPORT SUBMITTED AS <i>(Check one)</i>		8. TYPE OF PLAN		
<input type="checkbox"/> PRIME CONTRACTOR	<input type="checkbox"/> INDIVIDUAL	IF PLAN IS A COMMERCIAL PLAN, SPECIFY THE PERCENTAGE OF THE DOLLARS ON THIS REPORT ATTRIBUTABLE TO THIS AGENCY. ▶		
<input type="checkbox"/> SUBCONTRACTOR	<input type="checkbox"/> COMMERCIAL PRODUCTS			
<input type="checkbox"/> BOTH				
9. CONTRACTOR'S MAJOR PRODUCTS OR SERVICE LINES				
a	b			

CUMULATIVE FISCAL YEAR SUBCONTRACT AWARDS
(Report cumulative figures for reporting period in Block 4)

TYPE	WHOLE DOLLARS	PERCENT (To nearest tenth of a %)
10a. SMALL BUSINESS CONCERNS <i>(Include SDB, WOSB, HBCU/MI, HUBZone SB, and VOSB (including Service-Disabled VOSB)) (Dollar Amount and Percent of 10c.)</i>		
10b. LARGE BUSINESS CONCERNS <i>(Dollar Amount and Percent of 10c.)</i>		
10c. TOTAL <i>(Sum of 10a and 10b.)</i>		100.0%
11. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS <i>(Include HBCU/MI) (Dollar Amount and Percent of 10c.)</i>		
12. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS <i>(Dollar Amount and Percent of 10c.)</i>		
13. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI) <i>(If applicable) (Dollar Amount and Percent of 10c.)</i>		
14. HUBZONE SMALL BUSINESS (HUBZone SB) CONCERNS <i>(Dollar Amount and Percent of 10c.)</i>		
15. VETERAN-OWNED SMALL BUSINESS (VOSB) CONCERNS <i>(Including Service-Disabled VOSB Concerns) (Dollar Amount and Percent of 10c.)</i>		
16. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS <i>(Dollar Amount and Percent of 10c.)</i>		

17. REMARKS

18. CONTRACTOR'S OFFICIAL WHO ADMINISTERS SUBCONTRACTING PROGRAM

a. NAME	b. TITLE	c. TELEPHONE NUMBER	
		AREA CODE	NUMBER

19. CHIEF EXECUTIVE OFFICER

a. NAME	c. SIGNATURE
b. TITLE	d. DATE

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition is not usable

STANDARD FORM 295 (REV. 9-2001)
Prescribed by GSA - FAR (48 CFR) 53.219(b)

GENERAL INSTRUCTIONS

1. This report is not required from small businesses.
2. This form collects subcontract award data from prime contractors/subcontractors that: (a) hold one or more contracts over \$500,000 (over \$1,000,000 for construction of a public facility); and (b) are required to report subcontracts awarded to Small Business (SB), Small Disadvantaged Business (SDB), Women-Owned Small Business (WOSB), Veteran-Owned Small Business (VOSB), Service-Disabled Veteran-Owned Small Business, and HUBZone Small Business (HUBZone SB) concerns under a subcontracting plan. For the Department of Defense (DOD), the National Aeronautics and Space Administration (NASA), and the Coast Guard, this form also collects subcontract award data for Historically Black Colleges and Universities (HBCUs) and Minority Institutions (MIs).
3. This report must be submitted semi-annually (for the six months ended March 31st and the twelve months ended September 30th) for contracts with the Department of Defense (DOD) and annually (for the twelve months ended September 30th) for contracts with civilian agencies, except for contracts covered by an approved Commercial Plan (see special instructions in right-hand column). Reports are due 30 days after the close of each reporting period.
4. This report may be submitted on a corporate, company, or subdivision (e.g., plant or division operating on a separate profit center) basis, unless otherwise directed by the agency awarding the contract.
5. If a prime contractor/subcontractor is performing work for more than one Federal agency, a separate report shall be submitted to each agency covering only that agency's contracts, provided at least one of that agency's contracts is over \$500,000 (over \$1,000,000 for construction of a public facility) and contains a subcontracting plan. (Note that DOD is considered to be a single agency; see next instruction.)
6. For DOD, a consolidated report should be submitted for all subcontracts awarded by military departments/agencies and/or subcontracts awarded by DOD prime contractors. However, DOD contractors involved in construction and related maintenance and repair must submit a separate report for each DOD component.
7. Only subcontracts involving performance in the U.S. or its outlying areas should be included in this report.
8. Purchases from a corporation, company, or subdivision that is an affiliate of the prime contractor are not included in this report.
9. Subcontract award data reported on this form by prime contractor/subcontractors shall be limited to awards made to their immediate subcontractors. Credit support is taken for awards made to lower tier subcontractors.
10. See special instructions in right-hand column for Commercial Plans.

SPECIFIC INSTRUCTIONS

BLOCK 2: For the Contractor Identification Number, enter the nine-digit Data Universal Numbering System (DUNS) number that identifies the specific contractor establishment. If there is no DUNS number available that identifies the exact name and address entered in Block 1, contact Dun and Bradstreet Information Services at 1-800-333-0505 to get one free of charge over the telephone. Be prepared to provide the following information: (1) Company name; (2) Company address; (3) Company telephone number; (4) Line of business; (5) Chief executive officer/key manager; (6) Date the company was started; (7) Number of people employed by the company; and (8) Company affiliation.

BLOCK 4: Check only one. Note that March 31 represents the six months from October 1st and that September 30th represents the twelve months from October 1st. Enter the year of the reporting period.

BLOCK 5: Check whether this report is a "Regular," "Final," and/or "Revised" report. A "Final" report should be checked only if the contractor has completed all the contracts containing subcontracting plans awarded by the agency to which it is reporting. A "Revised" report is a change to a report previously submitted for the same period.

BLOCK 6: Identify the department or agency administering the majority of subcontracting plans.

BLOCK 7: This report encompasses all contracts with the Federal Government for the agency to which it is submitted, including subcontracts received from other large businesses that have contracts with the same agency. Indicate in this block whether the contractor is a prime contractor, subcontractor, or both (check only one).

BLOCK 8: Check only one. Check "Commercial Plan" only if this report is under an approved Commercial Plan. For a Commercial Plan, the contractor must specify the percentage of dollars in Blocks 10a through 15b attributable to the agency to which this report is being submitted.

BLOCK 9: Identify the major product or service lines of the reporting organization.

BLOCKS 10a through 15: These entries must include all subcontract awards resulting from contracts or subcontracts, regardless of dollar amount, received from the agency to which this report is submitted. If reporting as a subcontractor, report all subcontracts awarded under prime contracts. Amounts must include both direct awards and an appropriate prorated portion of indirect awards. (The indirect portion is based on the percentage of work being performed

for the organization to which thereport is being submitted in relation to other work being performed by the prime contractor/subcontractor.) Do not include awards made in support of commercial business unless "Commercial" is checked in Block 8 (see Special Instructions for Commercial Plans in right hand column). Report only those dollars subcontracted this fiscal year for the period indicated in Block 4.

BLOCK 9a: Report all subcontracts awarded to SBs including subcontracts to SDBs, WOSBs, VOSBs, Service-Disabled VOSBs, and HUBZone SBs. For DOD, NASA, and Coast Guard contracts, include subcontracting awards to HBCUs and MIs.

BLOCK 9b: Report all subcontracts awarded to large businesses (LBs).

BLOCK 10a: Report on this line the grand total of all subcontracts (the sum of lines 10a and 10b).

BLOCKS 11 through 15: Each of these items is a subcategory of Block 10a. Note that in some cases the same dollars may be reported in more than one block (e.g., SDBs owned by women); Murvise subcontracts to HBCUs or MIs should be reported on both Block 11 and 13.

BLOCK 11: Report all subcontracts awarded to SDBs (including women-owned, veteran-owned, service-disabled VOSBs, and HUBZone SB SDBs). For DOD, NASA, and Coast Guard contracts, include subcontract awards to HBCUs and MIs.

BLOCK 12: Report all subcontracts awarded to WOSB firms (including SDBs, VOSBs, service-disabled VOSBs, and HUBZone SBs owned by women).

BLOCK 13: (For contracts with DOD, NASA, and Coast Guard): Enter the dollar value of all subcontracts with HBCUs/MIs.

BLOCK 14: Report all subcontracts awarded to HUBZone SBs (including women-owned, veteran-owned, service-disabled VOSBs, and SDB HUBZone SBs).

BLOCK 15: Report all subcontracts awarded to VOSBs (including women-owned, SDB, and HUBZone SB VOSBs).

BLOCK 16: Report all subcontracts awarded to service disabled VOSBs (including Service-Disabled Veteran Owned Small Business Concerns that are SDBs, VOSBs, and HUBZone SBs). These subcontracts should also be reported in Block 15.

SPECIAL INSTRUCTIONS FOR COMMERCIAL PLANS

1. This report is due on October 30th each year for the previous fiscal year ended September 30th.
2. The annual report submitted by reporting organizations that have an approved company-wide annual subcontracting plan for commercial items shall include all subcontracting activity under commercial plans in effect during the year and shall be submitted in addition to the required reports for other-than-commercial items. If any.
3. Enter in Blocks 10a through 15b the total of all subcontract awards under the contractor's Commercial Plan. Show in Block 8 the percentage of this total that is attributable to the agency to which this report is being submitted. This report must be submitted to each agency from which contracts for commercial items covered by an approved Commercial Plan were received.

DEFINITIONS

1. Direct Subcontract Awards are those that are identified with the performance of one or more specific Government contract(s).
2. Indirect Subcontract Awards are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts; these awards are related to Government contract performance but remain for allocation after direct awards have been determined and identified to specific Government contracts.

SUBMITTAL ADDRESSES FOR ORIGINAL REPORT

For DOD Contractors, send reports to the cognizant contract administration office as stated in the contract.

For Civilian Agency Contractors, send reports to awarding agency:

1. NASA: Forward reports to NASA, Office of Procurement (HS), Washington, DC 20546
2. OTHER FEDERAL DEPARTMENTS OR AGENCIES: Forward report to the OSD/BU Director unless otherwise provided for in instructions by the Department or Agency.

FOR ALL CONTRACTORS:

SMALL BUSINESS ADMINISTRATION (SBA): Send "info copy" to the cognizant Commercial Market Representative (CMR) at the address provided by SBA. Call SBA Headquarters in Washington, DC at (202) 205-8475 for correct address if unknown.

Attachment 3(C)

Subcontracting Plan

SAMPLE WAGE / PRICE ADJUSTMENT SPREADSHEET

Base Year		
+Uniform Purchase		325.00
Physical Exam		<u>50.00</u>
Increase		\$375.00

CATEGORY 5		
Base Wage		15.00
FICA	7.65%	1.11
State Unemploym	FIXED	0.00
Federal Unemploy	FIXED	0.00
Workers Compen	2.53%	0.37
General Liability	FIXED	0.20
G & A	FIXED	0.99
Profit	FIXED	<u>0.61</u>
		\$18.28

Travel Voucher Summary

1. Voucher						6. Expense Summary																																																																				
Local Voucher No.	Submit Org. USMS	Vouch Date	Voucher Type <input type="checkbox"/> Original <input type="checkbox"/> ReClaim	Ref Doc No.	Preparer's Name	Standard Travel Expenses																																																																				
2. Traveler						7. Itinerary																																																																				
Name (FNF) _____						Trip Began (MMDDYY) (HH:MM) _____																																																																				
SSN _____						Trip Ended (MMDDYY) (HH:MM) _____																																																																				
<input type="checkbox"/> 1. Employee <input type="checkbox"/> 2. Contractor <input type="checkbox"/> 3. Invitational <input type="checkbox"/> 4. Other						<input type="checkbox"/> 1. Domestic <input type="checkbox"/> 2. OCONUS <input type="checkbox"/> 3. Foreign																																																																				
Address _____						Highest Class of Travel:																																																																				
City _____ State <u>AL</u> Zip _____						<input type="checkbox"/> 1. Coach <input type="checkbox"/> 2. Premium <input type="checkbox"/> 3. First Class																																																																				
Country <u>USA</u>						Reason for Upgrade:																																																																				
<input type="checkbox"/> Employee Payment Notification Network ID _____						<input type="checkbox"/> 1. Coach not available <input type="checkbox"/> 5. Cost Savings																																																																				
3. Purpose						<input type="checkbox"/> 2. Emp Disability <input type="checkbox"/> 6. Paid by NonFed																																																																				
Type Travel			Travel Purpose			<input type="checkbox"/> 3. Security <input type="checkbox"/> 7. Travel GT 14 hrs																																																																				
<input type="checkbox"/> A. TDY			<input type="checkbox"/> A. Operational			<input type="checkbox"/> 4. Foreign--no coach <input type="checkbox"/> 8. Other																																																																				
<input type="checkbox"/> B. Ext TDY (Over 30 Days)			<input type="checkbox"/> B. Training			<input type="checkbox"/> 9. NA																																																																				
<input type="checkbox"/> C. Taxable Ext TDY			<input type="checkbox"/> C. Meeting/Conference			Primary Destination:																																																																				
<input type="checkbox"/> D. MS Ops			<input type="checkbox"/> D. MS Ops			State <u>AL</u> City _____																																																																				
4. Obligations Liquidation						<input type="checkbox"/> Multiple Destinations																																																																				
Traveler YRegDoc _____						State <u>AL</u> City _____																																																																				
Old Lq <input type="checkbox"/> Final <input type="checkbox"/> Partial																																																																										
7. Program Distribution						8. Total Voucher (auto-calculated)																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Acct Class</th> <th style="width: 10%;">PGM</th> <th style="width: 10%;">AIN</th> <th style="width: 15%;">Project</th> <th style="width: 15%;">Case</th> <th style="width: 15%;">%</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="5" style="text-align: right;">Total</td> <td style="text-align: center;">%</td> </tr> </tbody> </table>						Acct Class	PGM	AIN	Project	Case	%																																																							Total					%	Disposition		
Acct Class	PGM	AIN	Project	Case	%																																																																					
Total					%																																																																					
Advance Repayment _____						Taxes Withheld Fed _____																																																																				
Taxes Withheld State _____						Amount to Traveler (auto-calculated) _____																																																																				
Distribute <input type="checkbox"/> 1. Dir Dep <input type="checkbox"/> 2. Trns <input type="checkbox"/> 3. Draft <input type="checkbox"/> 9. None <input type="checkbox"/>						Draft \$/k _____																																																																				
8. Approval						Note: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287.1 d 1001)																																																																				
Traveler Sign Here		Approving Official Sign Here		Certifying Official Sign Here																																																																						
I certify that this voucher is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.		The amounts claimed on this voucher are approved official travel expenses, which appear to be reasonable for the travel performed.		This voucher is certified correct and proper for payment.																																																																						
Date: _____		Date: _____		Date: _____																																																																						

Travel Authorization / Advance

1. Voucher Information					
Local Voucher No.	Submitting Organization USMS-	Vouch Date	Ref Doc No	Preparer's Name	FMIS Upload <input type="checkbox"/> Yes <input type="checkbox"/> No
Auth Vch Type <input type="checkbox"/> Original <input type="checkbox"/> Adv only <input type="checkbox"/> Cancel					
Traveler		YRegDoc	Accounting Classification		
SSN					

2. Mode of Transportation Authorized	3. Mode of Subsistence Authorized	4. Planned Itinerary	5. Estimated Cost																																																							
<input type="checkbox"/> By Common Carrier <input type="checkbox"/> By Gov-Furnished Auto <input type="checkbox"/> By Rental Vehicle <input type="checkbox"/> By Privately Owned Vehicle <input type="checkbox"/> POV Determined to be Most Advantageous to Government <input type="checkbox"/> Cost not to Exceed that of Common Carrier <input type="checkbox"/> Based on Cost of GOV Furnished Auto \$ _____ Mileage Rate Authorized (Ex.: \$.35 = 35 cents) <input type="checkbox"/> Other _____	<input type="checkbox"/> Actual subsistence up to _____ per day Actual subsistence requires approval by appropriate authorizing official <input type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE GSA Location Rates <input type="checkbox"/> Extended TDY (Reduced Rate) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">From</th> <th colspan="2">Rate</th> <th rowspan="2">Days</th> <th rowspan="2">Estimate</th> </tr> <tr> <th>To:</th> <th>State</th> <th>City</th> <th>Lodging</th> <th>M&IE</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	From			Rate		Days	Estimate	To:	State	City	Lodging	M&IE	1							2							3							4							5							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Foreign travel Must be approved as required by DOJ travel regulations</td> <td>Transportation (describe):</td> </tr> <tr> <td>Departure Date _____</td> <td>Other Amount (See Box 8 below)</td> </tr> <tr> <td>Return Date _____</td> <td>Total</td> </tr> <tr> <td></td> <td>Advance Amount (See Box 9 below)</td> </tr> </table>	<input type="checkbox"/> Foreign travel Must be approved as required by DOJ travel regulations	Transportation (describe):	Departure Date _____	Other Amount (See Box 8 below)	Return Date _____	Total		Advance Amount (See Box 9 below)
		From			Rate		Days			Estimate																																																
		To:	State	City	Lodging	M&IE																																																				
		1																																																								
		2																																																								
3																																																										
4																																																										
5																																																										
<input type="checkbox"/> Foreign travel Must be approved as required by DOJ travel regulations	Transportation (describe):																																																									
Departure Date _____	Other Amount (See Box 8 below)																																																									
Return Date _____	Total																																																									
	Advance Amount (See Box 9 below)																																																									

6. Other Authorizations	7. Advance Disbursement
<input type="checkbox"/> 1. Use of Premium Class Additional Cost: _____ <input type="checkbox"/> 2. Use of foreign flag carrier <input type="checkbox"/> 3. Leave in conjunction with travel <input type="checkbox"/> 4. Other Description _____	<input type="checkbox"/> 1 DirDep <input type="checkbox"/> 2 Tres <input type="checkbox"/> 3 Draft <input type="checkbox"/> 4 Cash <input type="checkbox"/> 5 None Draft Site _____ Address _____ Address _____ City _____ State _____ ZIP _____ Country _____

8. Other Descriptive Information			
Description			
Program	Project	Budget Auth No (8 Alpha)	Org Mgt Field (Numeric)
Bill to:		Case	
Type Travel <input type="checkbox"/> A. TDY <input type="checkbox"/> B. Ext TDY (Over 30 Days) <input type="checkbox"/> C. Taxable Ext TDY <input type="checkbox"/> D. PCS (NonNFC) <input type="checkbox"/> X. N/A		Travel Purpose <input type="checkbox"/> A. Operational <input type="checkbox"/> B. Training <input type="checkbox"/> C. Meeting/Conference <input type="checkbox"/> D. House Hunting <input type="checkbox"/> E. PCS Relocation <input type="checkbox"/> X. N/A	
Justification (if appropriate)			

9. AUTHORIZATION									
You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Authorizer</th> </tr> <tr> <td>Advance Authorized as described in Box 5</td> </tr> <tr> <td>Authorizer: _____</td> </tr> <tr> <td>Authorizer Signature: _____</td> </tr> </table>	Authorizer	Advance Authorized as described in Box 5	Authorizer: _____	Authorizer Signature: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Traveler</th> </tr> <tr> <td>Cash Advance of: _____</td> </tr> <tr> <td>Received by: _____</td> </tr> <tr> <td>Signature: _____ Date: _____</td> </tr> </table>	Traveler	Cash Advance of: _____	Received by: _____	Signature: _____ Date: _____
Authorizer									
Advance Authorized as described in Box 5									
Authorizer: _____									
Authorizer Signature: _____									
Traveler									
Cash Advance of: _____									
Received by: _____									
Signature: _____ Date: _____									
A voucher must be submitted within 10 workdays after travel is completed or monthly for persons in a continuous travel status.									

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY	
			REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS					DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
					PAYEE'S ACCOUNT NO.	
					GOVERNMENT BAL NO.	
SHIPPED FROM			TO	WEIGHT		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT		AMOUNT (1)
				COST	PER	
(Use continuation sheets) if necessary (Payee must NOT use the space below)					TOTAL	
PAYMENT		APPROVED FOR	EXCHANGE RATE	DIFFERENCE		
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		= \$	# \$1.00			
		BY (2)		S		
		TITLE		Amount verified; correct		
				(Signature or Initials)		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
Date		Authorized Certifying Officer (2)			(Title)	
ACCOUNTING CLASSIFICATION						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE		
				3		
				PER		
				TITLE		
(1) When stated in foreign currency, state name of currency. (2) If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his/her official title. (3) When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name as well as the capacity in which he/she signs, must appear. For example: John Doe Company, per John.						

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

SF-1034
Automated 01/01

Standard Form 1034 Revised October 1987 Department of the Treasury 1 FEB 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		SCHEDULE NO.			
			CONTRACT NUMBER AND DATE		PAID BY			
			REQUISITION NUMBER AND DATE					
PAYEE'S NAME AND ADDRESS					DATE INVOICE RECEIVED			
					DISCOUNT TERMS			
					PAYEE'S ACCOUNT NO.			
					GOVERNMENT B/L NO.			
SHIPPED FROM		TO		WEIGHT				
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UN IT		AMOUNT (1)		
				COST	PER			
(Use continuation sheets if necessary)			(Payee must NOT use the space below)			TOTAL		
PAYMENT <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR = \$		EXCHANGE RATE = \$1.00		DIFFERENCE \$		
		BY (2)						
		TITLE				Amount verified: correct		
						(Signature or initials) for		
MEMORANDUM								
ACCOUNTING CLASSIFICATION								
PAID BY	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of bank)	
	CASH		DATE		PAYEE 3			
					PER			
					TITLE			

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

SF-1034
Automated 01/01

CSO INCIDENT REPORT

CSO INCIDENT REPORT		
Report Date	Reporting District	Reported By
Type of Incident:		
DESCRIPTION OF INCIDENT:		
<hr/> Site Supervisor/Lead CSO		<hr/> Witness By

COURT SECURITY OFFICER MONTHLY ACTIVITY REPORT

1. CONTRACTOR'S INFORMATION:		3. REPORTING PERIOD		
Name		Month	Day	Year
Address				
City		4. DATE SUBMITTED		
State		Month	Day	Year
Zip Code				
Office Telephone Number		5. JUDICIAL CIRCUIT		
Fax Telephone Number				
Internet Address				
2. CONTRACTOR'S INFORMATION:		6. DISTRICT		
Contract Manager				
Site Supervisor(s) / District(s)				
		7. CONTRACT NUMBER		
		8. CONTRACT PERFORMANCE PERIOD		
9. CONTRACTOR'S SIGNATURE				
I hereby certify that the information provided in this report is true and accurate to the best of my knowledge.				
NAME AND TITLE OF AUTHORIZED COMPANY OFFICIAL		(TYPE OR PRINT)		
SIGNATURE OF AUTHORIZED COMPANY OFFICIAL		DATE		

SECTION II - STAFFING INFORMATION

Contract Number: _____ **Circuit:** _____ **Reporting Period:** _____

District: _____

Facility: _____

Location		Authorized Positions		
District	Facility	Full-time	Shared	Total

	Actual Staffing On-Board			Employee's Status		Uniform Issue Date	Weapon's Qualification Date	Date of Last Medical Examination	In-District Training Phase I	Orientation Phase II	Annual Training	Start Date
	Full-time	Shared	Total	Full-time	SI or S2							

SECTION IX - NARRATIVE OF MAJOR ACCOMPLISHMENTS, PROBLEMS ENCOUNTERED, FUTURE PLANS AND ACTS OF HEROISM

Contract Number:

Reporting Period:

[Empty reporting area]

SECTION X - WORKHOURS

Contract Number:

Reporting Period:

 Judicial Circuit - Fiscal Year 2002

MONTHLY STATISTICS OF HOURS WORKED

District	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	REPORT CUMULATIVE TOTAL
TOTAL													

ANNUAL STATISTICS OF ACTUAL HOURS WORKED

District	District No.	Site Supervisors	CSO Positions	Contract Hours <i>(Based on 2008 hrs./position)</i>	REPORT CUMULATIVE HOURS WORKED
				0	
				0	
				0	
				0	
				0	
				0	
TOTAL				0	

SECTION XI - BILLING INFORMATION

Contract Number:

Reporting Period:

Judicial Circuit
Fiscal Year 2002

Total Monthly Billing							Cumulative Total
District							
October	\$	\$	\$	\$	\$	\$	\$
November	\$	\$	\$	\$	\$	\$	\$
December	\$	\$	\$	\$	\$	\$	\$
January	\$	\$	\$	\$	\$	\$	\$
February	\$	\$	\$	\$	\$	\$	\$
March	\$	\$	\$	\$	\$	\$	\$
April	\$	\$	\$	\$	\$	\$	\$
May	\$	\$	\$	\$	\$	\$	\$
June	\$	\$	\$	\$	\$	\$	\$
July	\$	\$	\$	\$	\$	\$	\$
August	\$	\$	\$	\$	\$	\$	\$
September	\$	\$	\$	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$	\$	\$	\$

