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 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED

a. COMPANY NAME

b. STREET ADDRESS

c. CITY | d. STATE | e. ZIP CODE

2. CONTRACTOR IDENTIFICATION NUMBER

3. DATE SUBMITTED

4. REPORTING PERIOD FROM INCEPTION OF CONTRACT THRU:

☐ MAR 31 ☐ SEPT 30 YEAR

5. TYPE OF REPORT

☐ REGULAR ☐ FINAL ☐ REVISED

6. ADMINISTERING ACTIVITY *(Please check applicable box)*

☐ ARMY ☐ GSA ☐ NASA
☐ NAVY ☐ DOE ☐ OTHER FEDERAL AGENCY *(Specify)*
☐ AIR FORCE ☐ DEFENSE CONTRACT MANAGEMENT AGENCY

7. REPORT SUBMITTED AS *(Check one and provide appropriate number)*

☐ PRIME CONTRACTOR — PRIME CONTRACT NUMBER

☐ SUBCONTRACTOR — SUBCONTRACT NUMBER

8. AGENCY OR CONTRACTOR AWARDING CONTRACT

a. AGENCY'S OR CONTRACTOR'S NAME

b. STREET ADDRESS

c. CITY | d. STATE | e. ZIP CODE

9. DOLLARS AND PERCENTAGES IN THE FOLLOWING BLOCKS:

☐ DO INCLUDE INDIRECT COSTS ☐ DO NOT INCLUDE INDIRECT COSTS

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 of10c.)*				

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 (MIs).

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 (include 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, VOSBs, 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 Commerical Market Representative (CMR) at the time of a compliance review. It is NOT necessary to mail the SF 294 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 (MVP), Acquisition Policy Division, GSA, Washington, DC 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED

a. COMPANY NAME

b. STREET ADDRESS

c. CITY | d. STATE | e. ZIP CODE

2. CONTRACTOR IDENTIFICATION NUMBER

3. DATE SUBMITTED

4. REPORTING PERIOD:

☐ OCT 1 - MAR 31 ☐ OCT 1 - SEPT 30 YEAR

5. TYPE OF REPORT

☐ REGULAR ☐ FINAL ☐ REVISED

6. ADMINISTERING ACTIVITY *(Please check applicable box)*

☐ ARMY	☐ DEFENSE CONTRACT MANAGEMENT AGENCY	☐ DOE
☐ NAVY	☐ NASA	☐ OTHER FEDERAL AGENCY *(Specify)*
☐ AIR FORCE	☐ GSA	

7. REPORT SUBMITTED AS *(Check one.)*

☐ PRIME CONTRACTOR
☐ SUBCONTRACTOR
☐ BOTH

8. TYPE OF PLAN

☐ INDIVIDUAL
☐ COMMERCIAL PRODUCTS

IF PLAN IS A COMMERCIAL PLAN, SPECIFY THE PERCENTAGE OF THE DOLLARS ON THIS REPORT ATTRIBUTABLE TO THIS AGENCY.

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 *(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%
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 (VOSB) CONCERNS *(Including Service-Disabled VOSB Concerns) (Dollar Amount and Percent of 10c.)*		
16.	SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS *(Dollar Amount and Percent of 10c.)*		

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 awarding 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 contracts 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/subcontractor are not included in this report.

9. 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.

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 its 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 16: 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 pro-rated 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 "Commerical" 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 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 grand total of all subcontracts (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); likewise 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, WOSBs, 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 OSDBU 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) 205-6475 for correct address if unknown.

STANDARD FORM 295 (REV. 9-2001) **BACK**

Attachment 3(C)

Subcontracting Plan

SAMPLE WAGE / PRICE ADJUSTMENT SPREADSHEET

District Headquarters SLC Min. Wage
Wage Det XX-1111(R1) 01/01/07 11.64

Current Contract Campsite Wage
$10.00

Current Contract Hourly Price
$14.53

Vacation 12 | Holiday 10 | Uniform Allowance $30.00 | H&W $30.00
12 11

FICA 0.0765

Workers Comp. 0.039

Headquarter SLC Min. Wage
XX-1111(R1 01/01/07 11.64

at 3.11 new

Part A - Categories 1, 2, and 3

	SLC		12 "Hours per month"	Pos. Type	Current Contract Rate	Actual Rate	Applicable WD Rate	Diff. in Rate	Subtotal	FRINGE BENEFITS Vacation 12	Holiday 11	Uniform Allowance $30.00	H&W $30.00	Rate of Increase Plus Fringe	APPLICABLE TAXES FICA 0.0765	Workers Comp. 0.039	Burden Increase Rate	Annual Projected Hours	Total Price Adjustment	
		2 Pos x 2007	x/+ 7.13 mo																	
Salt Lake City																				
13 (2)	Smith, A	2007	167.25	F	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	2007.00	$5,332.36	Smith, A
	Smith, B	2007	167.25	F	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	2007.00	$5,332.36	Smith, B
	Smith, C	1003.5	83.63	B	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	1003.50	$2,666.19	Smith, C
	Smith, D	1003.5	83.63	B	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	1003.50	$2,666.19	Smith, D
	Smith, E	2007	167.25	F	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	2007.00	$5,332.36	Smith, E
	Smith, F	2007	167.25	F	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	2007.00	$5,332.36	Smith, F
	Smith, G	2007	167.25	F	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	2007.00	$5,332.36	Smith, G
	Smith, H	2007	167.25	F	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	2007.00	$5,332.36	Smith, H
Total Positions	Smith, I	2007	167.25	F	$10.00	11.00	$11.64	$0.64	$0.64	$0.04	$0.04	$0.00	$0.00	$0.07	$0.07	$0.03	$0.03	2007.00	$1,849.30	Smith, I
13 (3)	Smith, J	1003.5	83.63	B	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	1003.50	$2,666.19	Smith, J
	Smith, K	1003.5	83.63	B	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	1003.50	$2,666.19	Smith, K
	Smith, L	1003.5	83.63	B	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	1003.50	$2,666.19	Smith, L
	Smith, M	2007	167.25	F	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	2007.00	$5,332.36	Smith, M
	Smith, N	2007	167.25	F	$10.00	0.65	$11.64	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.39	$0.18	$0.09	$0.08	2007.00	$5,332.36	Smith, N
	Smith, O	2007	167.25	F	$10.00	11.00	$11.64	$0.64	$0.64	$0.04	$0.04	$0.00	$0.00	$0.07	$0.07	$0.03	$0.03	2007.00	$1,849.30	Smith, O
	Smith, P	1003.5	83.63	B	$10.00	11.00	$11.64	$0.64	$0.64	$0.04	$0.04	$0.00	$0.00	$0.07	$0.07	$0.03	$0.03	1003.50	$1,033.68	Smith, P

SAMPLE WAGE / PRICE ADJUSTMENT SPREADSHEET

Base Year		
+Uniform Purchase		325.00
Physical Exam		50.00
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	0.61
		$18.28

Form must be printed in LANDSCAPE mode. Click on PRINT, then PROPERTIES and select "LANDSCAPE"

Travel Voucher Summary

1 Voucher

Local Voucher No. | Submit Org. USMS | Vouch Date | Voucher Type ☐ Original ☐ ReClaim | Ref Doc No. | Preparer's Name

2 Traveler

Name (FNF)

SSN

☐ 1. Employee ☐ 2. Contractor ☐ 3. Invitational ☐ 4. Other

Address

City State AL Zip

Country USA

☐ Employee Payment Notification Network ID

3 Purpose

Type Travel
- ☐ A. TDY
- ☐ B. Ext TDY (Over 30 Days)
- ☐ C. Taxable Ext TDY

Travel Purpose
- ☐ A. Operational
- ☐ B. Training
- ☐ C. Meeting/Conference
- ☐ D. MS Ops

4 Obligation Liquidation

Traveler YRegDoc

Obl Liq ☐ Final ☐ Partial

5 Itinerary

Trip Began (MMDDYY) (HH:MM)

Trip Ended (MMDDYY) (HH:MM)

☐ 1. Domestic ☐ 2. OCONUS ☐ 3. Foreign

Highest Class of Travel:
☐ 1. Coach ☐ 2. Premium ☐ 3. First Class

Reason for Upgrade:
- ☐ 1. Coach not available
- ☐ 2. Emp Disability
- ☐ 3. Security
- ☐ 4. Foreign--no coach
- ☐ 5. Cost Savings
- ☐ 6. Payed by NonFed
- ☐ 7. Travel GT 14 hrs
- ☐ 8. Other
- ☐ 9. NA

Primary Destination:

State AL City

☐ Multiple Destinations

6 Expense Summary

Standard Travel Expenses	
Traveler Paid Transportation	
Lodging Total (auto-calculated from back)	
Mi & E Total *	
Mileage Total *	
Car Rental *	
ATM Fees *	
Taxi/Limo *	
Business Calls *	
Personal Calls *	
Parking *	

Other Expenses		
Item Desc	SOC	Amount

Total Voucher (auto-calculated)	
Disposition	
Advance Repayment	
Taxes Withheld Fed	
Taxes Withheld State	
Amount toTraveler (auto-calculated)	

DistMode ☐ 1. Dir Dep ☐ 2. Tres ☐ 3. Draft ☐ 9. None

Draft Site

7 Program Distribution

Acct Class	PGM	AIN	Project	Case	%
				Total	%

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

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.

Date:

Approving Official Sign Here

The amounts claimed on this voucher are approved official travel expenses, which appear to be reasonable for the travel performed.

Date:

Certifying Official Sign Here

This voucher is certified correct and proper for payment.

Date:

FS/FA55G November 7, 1995; USMS Automated 3/00

Daily Expense Report Summary

Enter expenses in categories provided below. Enter other expenses on Box 6 on page 1.

Travel Day	ST	City/ County	Lodging	M&IE	Mileage	Car Rental	ATM Fee	Taxi/ Limo	Business Calls	Personal Calls	Parking	Optional Comments

Travel Authorization / Advance

1. Voucher Information

Local Voucher No.	Submitting Organization USMS-	Vouch Date	Ref Doc No	Preparer's Name	FMIS Upload ☐ Yes ☐ No

Auth Vch Type ☐ Original ☐ Adv only ☐ Cancel

Traveler	YRegDoc	Accounting Classification
SSN		

2. Mode of Transportation Authorized

- ☐ By Common Carrier
- ☐ By Gov-Furnished Auto
- ☐ By Rental Vehicle
- ☐ By Privately Owned Vehicle
  - ☐ POV Determined to be Most Advantageous to Government
  - ☐ Cost not to Exceed that of Common Carrier
  - ☐ Based on Cost of GOV Furnished Auto
  - $ _____ Mileage Rate Authorized (Ex.: $.35 = 35 cents)
- ☐ Other _____

3. Mode of Subsistence Authorized

- ☐ Actual subsistence up to _____ per day

  Actual subsistence requires approval by appropriate authorizing official
- ☐ Per diem based on lodging plus meals and incidental expenses NTE GSA Location Rates
- ☐ Extended TDY (Reduced Rate) _____

4. Planned Itinerary / 5. Estimated Cost

From:			Rate			
To:	State	City	Lodging	M&IE	Days	Estimate
1						
2						
3						
4						
5						

☐ Foreign travel Must be approved as required by DOJ travel regulations	Transportation (describe):	
	Other Amount (See Box 8 below)	
Departure Date _____	Total	
Return Date _____	Advance Amount (See Box 9 below)	

6. Other Authorizations

- ☐ 1. Use of Premium Class — Additional Cost: _____
- ☐ 2. Use of foreign flag carrier
- ☐ 3. Leave in conjunction with travel
- ☐ 4. Other Description

7. Advance Disbursement

☐ 1 DirDep ☐ 2 Tres ☐ 3 Draft ☐ 4 Cash ☐ 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
- ☐ A. TDY
- ☐ B. Ext TDY (Over 30 Days)
- ☐ C. Taxable Ext TDY
- ☐ D. PCS (NonNFC)
- ☐ X. N/A

Travel Purpose
- ☐ A. Operational
- ☐ B. Training
- ☐ C. Meeting/Conference
- ☐ D. House Hunting
- ☐ E. PCS Relocation
- ☐ 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.

Authorizer	Traveler
Advance Authorized as described in Box 5	Cash Advance of: _____
Authorizer:	Received by: _____
Authorizer Signature: _____	Signature: _____ Date: _____

A voucher must be submitted within 10 workdays after travel is completed or monthly for persons in a continuous travel status.

US Dept of Justice JMD/FS/FASSG Nov. 9, 1995; USMS 02/00

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE USMS-	2. VOUCHER NUMBER 3. SCHEDULE NUMBER

Read the Privacy Act Statement on Page 2 of this form.

5. PAID BY

4. CLAIMANT

a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NUMBER
c. MAILING ADDRESS (Include ZIP Code) 600 Army Navy Drive, Arlington, VA 22202	d. OFFICE TELEPHONE NUMBER

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col (h) the number of additional persons which accompanied the claimant.)*

DATE (a)	CODE (b)	*Show appropriate code in col. (b):* A - Local travel; B - Telephone or telegraph, or; C - Other Expenses (Itemized) *(Explain expenditures in specific detail.)* (c) FROM	(d) TO	MILEAGE RATE (dollars) NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIP AND MISC. (i)
If additional space is required continue on Page 2.			SUBTOTALS CARRIED FORWARD FROM PAGE 2.					
7. AMOUNT CLAIMED *(Total of cols (f), (g) and (i).)* ▶			TOTALS					

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S. C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

PAYMENT DESIRED ☐ ELECTRONIC PAYMENT
Requires an ACH Payment Form (USM-152) on file with Finance

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)* b. DATE c. AMOUNT

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

STANDARD FORM 1164 (REV. 11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7
Automated 12/00

6. EXPENDITURES , Cont'd.

DATE	CODE	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other Expenses (itemized) (Explain expenditures in specific detail.)		MILEAGE RATE (dollars)	AMOUNT CLAIMED			
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIP AND MISC. (i)

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.

SHIPPED FROM | TO | WEIGHT | GOVERNMENT B/L NO.

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN-TITY	UNIT COST	UNIT PER	AMOUNT (1)

(Use continuation sheets) if necessary) (Payee must NOT use the space below) TOTAL

PAYMENT
- ☐ PROVISIONAL
- ☐ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR = $

EXCHANGE RATE # $1.00

DIFFERENCE S

BY (2)

Amount verified; correct for

TITLE

(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 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.

SHIPPED FROM | TO | WEIGHT | GOVERNMENT B/L NO.

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT COST	UNIT PER	AMOUNT (1)

(Use continuation sheets if necessary) (Payee must NOT use the space below) TOTAL

PAYMENT
- ☐ PROVISIONAL
- ☐ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR = $

EXCHANGE RATE = $1.00

BY (2)

TITLE

DIFFERENCE $

Amount verified; correct for

(Signature or initials)

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		
Report Date	**Reporting District**	**Reported By**
Type of Incident:		
DESCRIPTION OF INCIDENT:		
Site Supervisor/Lead CSO		Witness By

UNITED STATES MARSHALS SERVICE
Judicial Protective Services

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 I - CIRCUIT SUMMARY

Contract Number: **Reporting Period:**

District No.	District	Number of Authorized Positions			Monthly Activity			Comments
		Full-time	Shared	Total	Fiscal Year Enhancements	Current Vacancies	Authorized Transfers	

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*	*S1 or S2*							

SECTION III - VACANCIES

Contract Number: **Reporting Period:**

District	Facility Code	Name of Person Departing	Employment Status		Vacancy Date	Reason for Vacancy	Replacement Package Due On:	Replacement Package Sent On:
			Full-time	*S1 or S2*				

SUMMARY OF VACANCIES

TOTAL NUMBER OF VACANCIES REPORTED LAST MONTH:		Comments
TOTAL NUMBER OF VACANCIES INCURRED THIS MONTH:		
TOTAL NUMBER OF VACANCIES FILLED THIS MONTH:		
TOTAL NUMBER OF VACANCIES REMAINING THIS MONTH:		

SECTION IV - ENHANCEMENTS

Contract Number: **Reporting Period:**

District	Facility Code	Total Number Enhancements Received	Type of Position		Task Order Receipt Date	Contract Document Reference Number	CSO Package Due On:	CSO Package Sent On:
			Full-time	*S1 or S2*				

SUMMARY OF ENHANCEMENTS

		Comments
TOTAL NUMBER OF ENHANCEMENTS PENDING LAST MONTH:		
TOTAL NUMBER OF ENHANCEMENT RECEIVED THIS MONTH:		
TOTAL NUMBER OF ENHANCEMENTS FILLED THIS MONTH:		
TOTAL NUMBER OF ENHANCEMENTS PENDING THIS MONTH:		

SECTION V - NEW HIRES

Contract Number: **Reporting Period:**

District	Facility Code	Name of Employee	Employment Status		Official Reporting Date	Individual Will Fill a:		Comments
			Full-time	*S1 or S2*		*Vacancy*	*Enhancement*	

SUMMARY OF NEW HIRES

		Comments
TOTAL NUMBER HIRED LAST MONTH:		
TOTAL NUMBER HIRED THIS MONTH:		
TOTAL NUMBER HIRED DURING THIS CONTRACT PERIOD:		

SECTION VI - OVERTIME

Contract Number: **Reporting Period:**

OVERTIME CODES:

- **A** TRIAL/JURY ACTIVITY
- **B** EXTENDED HOURS OF COURT OPERATION NOT RELATED TO TRIAL/JURY ACTIVITY
- **C** OTHER (A detailed explanation is required when this code is used.)

Authorization Date	Date Overtime Worked	Name of Government Official Authorizing O/T	Name of the CSO Authorized to Work	Total Hours Worked	**Justification** *Select the code that best describes the reason for the overtime. In addition, if the overtime effort was not worked by "Shared" CSO personnel, please explain why.*

SUMMARY OF OVERTIME WORKED

TOTAL NUMBER OF O/T HOURS WORKED LAST MONTH:	
TOTAL NUMBER OF O/T HOURS THIS MONTH:	
TOTAL NUMBER OF O/T HOURS WORED DURING THIS CONTRACT PERIOD:	

SECTION VII - TRAVEL

Contract Number: **Reporting Period:**

Travel Authorization Date	Travel Period		Name of Government Official Authorizing Travel	Name of Employee Authorized to Travel	Travel Originated		Purpose of Travel
	From	To			From:	To:	

SECTION VIII - ACCIDENTS

Contract Number: **Reporting Period:**

Date Accident Occurred	Details	Comments *(Explain response or action taken to prevent performance interruptions.)*

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

Contract Number:	Reporting Period:

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					REPORT CUMULATIVE HOURS WORKED
District	District No.	Site Supervisors	CSO Positions	Contract Hours *(Based on 2008 hrs./position)*	
				0	
				0	
				0	
				0	
				0	
TOTAL				0 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:	$	$	$	$	$	$	$

SECTION XII - MONTHLY HOURS WORKED

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

District:

Facility:

Name Position	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Basic	Overtime
	Basic																																0	
	Overtime																																	0