Clear

FUNDS ANALYSIS CONTROL	1. CONTRACT NUMBER	2. PERIOD OF REVIEW
3. CONTRACTORS NAME AND ADDRESS		*4. DOCUMENT CONTROL NUMBER (IF APPLICABLE)*

5. CHECK APPROPRIATE ITEM	6. AMOUNT OF FUNDS OBLIGATED THROUGH		
☐ REVIEW OF CONTRACTOR FUNDS STATUS REPORT ☐ REVIEW OF CONTRACTOR FUNDS NOTIFICATION	a. MODIFICATION NO.	b. COST $	c. FEE $

7. CUM. INCURRED COST & FEE CLAIMED TO DATE		8. PERCENT OF FUNDS EXPENDED		9. ESTIMATED PERCENT PHYSICALLY COMPLETE
a. COST $	b. FEE $	a. COST %	d. FEE %	%

10.	*SOURCE (S) OF EVALUATION*	DATE REQUESTED	DATE RETURNED
	a. FINANCIAL SERVICES		
	b. AUDIT		
	c. PRODUCTION		
	d. OTHER *(Identify)*		

11. EXCESS FUNDS INDICATED	12. OVERRUN INDICATED
☐ NO ☐ *YES (If Yes, Amount)* $_____	☐ NO ☐ YES *(If Yes, Amount)* $_____

13. CONTRACT MODIFICATION REQUIRED TO ADJUST FUNDS	14. PCO REQUESTED TO MODIFY CONTRACT TO	
	a. CHECK APPROPRIATE ITEM	b. DATE INCREASE/DECREASE
☐ NO ☐ YES	☐ INCREASE FUNDS ☐ DECREASE FUNDS	

15. ANALYSIS AND COMMENTS (Continue on separate sheet if necessary)

16. TYPED NAME OF ACO	16a. SIGNATURE	16b. DATE