



National Aeronautics and Space Administration

# Monthly Contractor Financial Management Report

Form Approved  
O.M.B. No. 2700-0003

2 REPORT FOR MONTH ENDING AND NUMBER OF WORKING DAYS

TO:		FROM:		3 CONTRACT VALUE		2 REPORT FOR MONTH ENDING AND NUMBER OF WORKING DAYS				
				a. COST \$		b. FEE \$				
1 DESCRIPTION OF CONTRACT	a. TYPE	b. CONTRACT NO. AND LATEST DEFINITIZED MODIFICATION NO.			4 FUND LIMITATION \$					
	c. SCOPE OF WORK							d. AUTHORIZED CONTRACTOR REPRESENTATIVE (Signature)		DATE
				5 BILLING						
				a. #INVOICE AMTS. BILLED \$		b. TOTAL PYTS. REC'D \$				
6 REPORTING CATEGORY	7 COST INCURRED/HOURS WORKED				8. ESTIMATED COST/HOURS TO COMPLETE			9. ESTIMATED FINAL COST/HOURS		10. UNFILLED ORDERS OUTSTANDING
	DURING MONTH		CUM. TO DATE		DETAIL		CONTRACTOR ESTIMATE		CONTRACT VALUE	
	ACTUAL a.	PLANNED b.	ACTUAL c.	PLANNED d.	a.	b.	BALANCE OF CONTRACT c.	e.		
Empty grid for data entry										

Baseline Plan Identification (Col 7b & 7d) Revision No.

Dated