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 ☐ AD ☐ FSD ☐ 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)* ☐ DI-F-6000A ☐ DI-F-6000A ☐ DI-F-6000B ☐ 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 _____