

**DEPARTMENT OF TRANSPORTATION
CUMULATIVE CLAIM AND RECONCILIATION STATEMENT**

1. Name of Contractor : _____
2. Address of Contractor: _____

3. Contract No. _____
4. Delivery/Task Order No. _____

5. The total amount claimed under the above numbered contract, delivery order, or task order number is as follows:

a. Direct Labor.....	\$	_____
b. Direct Material.....	\$	_____
c. Other Direct Costs.....	\$	_____
d. Overhead.....	\$	_____
e. G&A.....	\$	_____
f. Subcontract Cost.....	\$	_____
g. Total Costs (5a through 5f).....	\$	_____
h. Fixed Fee.....	\$	_____
i. Total Amount Claimed.....	\$	_____

6. Total amount due under the above numbered contract, delivery order, task order is as follows:

a. Total Amount Claimed.....	\$	_____
b. Total Amount Paid by the Government under Voucher Nos. _____ thru _____	\$	_____
c. Total Amount (if any) Withheld, Disallowed, etc. (as explained on the attached sheet).....	\$	_____
d. Total Amount Due.....	\$	_____

I, _____, as the _____

(Full Name) (Title)

to the best of my knowledge and belief, the above statements are correct in accordance with the records of the contractor.

(Signature)