

1. THIS FORM USED TO REPORT STATUS OF REIMBURSABLE ORDERS RECEIVED FROM OTHERS. (SEE REVERSE SIDE.)

2. AS OF DATE:

3. FROM:

4. TO:

| | |
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| | |
|--|--|

| 5. CURRENT STATUS | | | | | |
|-------------------|---------|---------------------|-----------------------------|------------------------|-----------------------------|
| A. ORDER NUMBER | B. ACRN | C. TOTAL AUTHORIZED | D. TOTAL ACTUAL OBLIGATIONS | E. TOTAL AMOUNT BILLED | F. AVAILABLE FOR WITHDRAWAL |
| | | | | | |

| 6. CERTIFICATION | |
|---|---|
| <p>I CERTIFY THAT THE STATUS OF THE ABOVE ORDER(S), AS REPORTED HEREIN, IS BASED ON THE OFFICIAL RECORDS MAINTAINED BY OR FOR THE THE PERFORMING ACTIVITY AND ARE CORRECT TO TO THE BEST OF MY KNOWLEDGE.</p> | <p>NAME AND/OR SIGNATURE: _____</p> <p>OFFICIAL TITLE _____</p> |

INSTRUCTIONS CONCERNING USE OF THIS FORM

1. This form is to be used for reporting the status of reimbursable orders to requesting activities. These reports are to be submitted on a quarterly basis except for the last quarter of the fiscal year during which time they will be submitted on a monthly basis. Reports will also be submitted for any month in which funds become available for withdrawal by the requesting activity.
2. A separate line will be used for reporting the status of each ACRN (different line of accounting data) under each order.