

WORK ASSIGNMENT ORDER, PART I

CONTRACT NO. _____

WAO No. _____ Revision No. _____
Requestor _____ Phone No. _____ Office Symbol _____
Task Title _____
Estimated Start Date _____ Estimated Completion Date _____
Cost Center Code _____ Carrier JONO _____ SUBJONO _____ TEST FAC _____
Project JONO _____

REQUEST FOR CONTRACTOR RESPONSE

Instructions for Contractor: You are requested to examine the attached work statement and submit to the Government your technical approach, cost estimate, delivery or performance period, and any other information required by the terms of the contract. Qualifying conditions must be stated if necessary.

Date _____

CONTRACTOR RESPONSE

COST ESTIMATE SUMMARY

Hours	Cost
Direct Labor _____	_____
Material _____	_____
Travel _____	_____
Other Direct _____	_____
Indirect _____	_____
NMGRT _____	_____
Total for this Action: _____	_____
Prev. Approved Amt. _____	_____
Cost Estimate Total _____	_____

Planned Start Date _____

Planned Completion Date _____

 Click to Approve

Task Coordinator (Signature) _____ Date _____

 Click to Approve

Contract Representative (Signature) _____ Date _____

Comments: _____

GOVERNMENT RESPONSES

Previous Spending Limit _____

Increase to Spending Limit _____

Total _____

Type of Funds Institutional _____

(Organization)

Contract Mod _____

(Mod Number)

Comments: _____

 Click to Approve

Budget Analyst (Signature) _____ Date _____

 Click to Approve

Field Technical Representative (Signature) _____ Date _____

 Click to Approve

Directorate Representative (Signature) _____ Date _____

 Click to Approve

Contracting Officer's Representative (Signature) _____ Date _____

Contracting Officer Approved Spending Limit _____

KO Comments: _____

 Click to Approve

Contracting Officer (Signature) _____ Date _____