COST ACCRUAL SUMMARY

B.T. NO.:	CONTRACTOR:	DATE PREPARED:
CONTRACT (6-14):	ANALYST:	PP CODE (15-16):

DCN						PROGRAM CODE									CURRENT MONTH ACCRUAL AMOUNT	TC	AC	OBL CODE	CUMULATIVE AMOUNT MONTH ENDING: _____
TYP	PY	CCG ASO	SERIAL	PCR	CONT	PROJ	SYS	SUB SYS	SUB BREAKS	COG ACT	PY	MOF F/S	SUB PAR	COST ELEMENT					
22	23	24-25	25-30	31-32	33	34-36	37-38	39-40	41-44	45-46	47	48-50	51-53	54-57	62-72	73	74	75-78	

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