Reimbursable Project Allotment/UCO Request Form

Fund Code: _______ LO: _______ Reimbursable Project Code: ______________________
Program Code: ____________________

Reimbursable Agreement Number: ____________________________________________
or (if applicable) TWA Number: _______________________________________
Related Direct Project/Task Code: _____________________ (To be charged in the event of cost overrun)
Customer/Contact No. ______________ Name: ______________________________________
Description of Activity: _________________________________________________________
____________________________________________________________________________

(Check One) Federal [ ] Non-Federal [ ] Advance [ ] Non-Advance [ ]

Type of Reimbursable Project: WIP ________ RSFF _________

Unfilled Customer Order:
(For WIP Projects Only) (Check One) New [ ] Amount $___________________ (Dollars & Cents)
Mod [ ] Order # ____________ Mod Amt: $______________

Allotment: New [ ] Increase [ ] Decrease [ ] Amount: $____________________

Organization Code (FMC levels 1 & 2): __________________

Allotment Distribution: First Quarter Second Quarter Third Quarter Fourth Quarter
(Dollars & Cents) $___________ $___________ $___________ $___________

NOAA Line Office Contacts:
Billing Contact Name: ________________________ Phone Number: ________________________
Program Contact Name: ________________________ Phone Number: ________________________

Special Requirements: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Approval Signature:_________________________________________________________ ___________________
NOAA Program Manager Date
Name: ____________________________
Title: ____________________________

RADG002 Control Number: ______________ RADG003 Control Number: ______________
(Use “N/A” for RSFF Projects) (for Finance Office use)

August 2007