CONTRACT DATA REQUIREMENTS LIST

Form Approved
OMB No. 0704-0188

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A. CONTRACT LINE ITEM NO.	B. EXHIBIT	C. CATEGORY: TDP X TM- ____ OTHER ____
CLIN 0020		

D. SYSTEM / ITEM	E. CONTRACT / PR NO.	F. CONTRACTOR
	N65236-04-R-0023	ITT GILLFILLAN

Block 1

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
A001	PAOM		18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
DI-MGMT-80507A	SOW SEC. 14	SPAWARSYNCEN CHARLESTON 652JB

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
LT		AS REQUIRED	15 DAYS AFTER AWARD
8. APP CODE		**11. AS OF DATE**	**13. DATE OF SUBSEQUENT SUBMISSION**
	C	30TH OF THE MONTH	MONTHLY

14. DISTRIBUTION

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SSCC 652CJ		1	
15. TOTAL →		2	

16. REMARKS

Block 2

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
A002	TRIP REPORTS		18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
DI-MISC-80508A	N65236-04-R-0023	SPAWARSYNCEN CHARLESTON 652JB

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
LT		AS REQUIRED	10 DAYS UPON RETURN
8. APP CODE		**11. AS OF DATE**	**13. DATE OF SUBSEQUENT SUBMISSION**
	C	30TH OF EACH MONTH	AS REQUIRED

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15. TOTAL →		2	

16. REMARKS

Block 3

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
A003	MONTHLY PROGRAM STATUS REPORTS		18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
DI-MGMT-80227	N65236-04-R-0023	SPAWARSYNCEN CHARLESTON 652JB

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
LT		AS REQUIRED	END OF 1ST MONTH
8. APP CODE		**11. AS OF DATE**	**13. DATE OF SUBSEQUENT SUBMISSION**
	C	30TH OF EACH MONTH	AS REQUIRED

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SSCC652CJ		1	
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16. REMARKS

Block 4

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
			18. ESTIMATED TOTAL PRICE

4. AUTHORITY (Data Acquisition Document No.)	5. CONTRACT REFERENCE	6. REQUIRING OFFICE

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
8. APP CODE		**11. AS OF DATE**	**13. DATE OF SUBSEQUENT SUBMISSION**

14. DISTRIBUTION

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15. TOTAL →			

16. REMARKS

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE