

REQUEST FOR MOCAS ACTION/INFORMATION					DATE
TO		FROM	OFFICE SYMBOL	NAME	TELEPHONE
CONTRACT NUMBER				CONTRACTOR	
I. CONTRACT ADMINISTRATION REPORT (CAR)					
a. <input type="checkbox"/> Move contract to Section _____ Reason: _____ b. <input type="checkbox"/> NLA problem. Explain: _____ c. <input type="checkbox"/> Need Final Pay NLA. Reason for excess funds: _____ d. <input type="checkbox"/> Reopen. Reason: _____					
II. RECONCILIATION					
e. <input type="checkbox"/> Identify fund balances of \$ _____ as appears on _____ / _____ (Month) CAR. f. <input type="checkbox"/> Comptroller advice of error/problem on Obligated/Unobligated Balance of CAR. Specify: _____ _____ Action taken: _____					
III. CONTRACT DATA INPUT					
g. <input type="checkbox"/> Correct Final Delivery Data (FDD) to _____ / _____ / _____ h. <input type="checkbox"/> Add/delete Special Provision Contract Code(s) Request needed provision records be updated. _____ i. <input type="checkbox"/> The following R9 Code(s) have been added/deleted Request needed provision records be updated. _____ j. <input type="checkbox"/> Correct contract line item/schedule data in accordance with attached marked-up abstract/screen print. k. <input type="checkbox"/> Add/correct Facility Code to _____ l. <input type="checkbox"/> Change Inspection/Acceptance Code to _____					
IV. MATERIAL INSPECTION AND RECEIVING REPORT (DD FORM 250)					
m. <input type="checkbox"/> Correction required. Specify: _____ n. <input type="checkbox"/> Request Final Ship Indicator be removed.					
V. ATTACHED COPY OF CONTRACT MOD FOR INITIAL INPUT _____					
ADDITIONAL COMMENTS					
AUTHORIZED SIGNATURE					