

REIMBURSABLE PROJECT WORKSHEET

SECTION I - ORDERING DOD COMPONENT REQUEST

1. AGENCY CONTROL NUMBER	2. DATE (YYYYMMDD)	3. REQUESTING DOD COMPONENT	
4. POINT OF CONTACT (POC)	5. POC TELEPHONE NUMBER <i>(Include Area Code)</i>	6. BUILDING NAME <i>(Include Room and Building Number)</i>	
7. FUNDING SOURCE		8. WORK ORDER TYPE	
<input type="checkbox"/> a. O&M	<input type="checkbox"/> a. INITIAL	9. WORK START DATE (YYYYMMDD)	
<input type="checkbox"/> b. RDT&E	<input type="checkbox"/> b. CANCELLATION		
<input type="checkbox"/> c. MILCON	<input type="checkbox"/> c. CHANGE NUMBER		
<input type="checkbox"/> d. PROCUREMENT			
<input type="checkbox"/> e. OTHER <i>(Specify)</i>		10. WORK COMPLETION DATE (YYYYMMDD)	
11. DESCRIPTION OF WORK			
12. ATTACHMENTS <i>(Please check appropriate block(s))</i> <input type="checkbox"/> DRAWING(S) <input type="checkbox"/> CONTINUATION SHEET(S)			

SECTION II - WHS ESTIMATE

13. INTERNAL CONTROL NUMBER	14. RPW NUMBER	15. ORC	16. CLEARANCE REQUIRED	INITIALS	DATE <i>(YYYYMMDD)</i>
17. SIGNATURE OF PLANNER/ESTIMATOR			<input type="checkbox"/> a. OPFM		
			<input type="checkbox"/> b. PFFA		
			<input type="checkbox"/> c. SPMD		
			<input type="checkbox"/> d. OTHER <i>(Specify)</i>		
18. DATE OF ESTIMATE <i>(YYYYMMDD)</i>	19. SERVICING OFFICE		20. POINT OF CONTACT (POC)/TELEPHONE NUMBER <i>(Include Area Code)</i>		
			21. WHS ESTIMATED DELIVERY DATE <i>(YYYYMMDD)</i>		

22. COST ESTIMATE

ACTIVITY a.	PROD. HRS. (RATE \$ b.)	LABOR c.	MATERIALS d.	CONTRACT/ OTHER e.	TOTAL f.	23. PERFORMANCE AUTHORIZATION <i>(Name, title and signature)</i> AND DATE (YYYYMMDD)
25. WORK COMPLETION CERTIFICATION <i>(Date and initial)</i>						a. PHYSICALLY COMPLETE
(1) SUBTOTAL						
(2) ADMIN. (%)						
(3) TOTAL ESTIMATE						
					(4) ACTUAL	b. FINANCIALLY COMPLETE

SECTION III - REQUESTING DOD COMPONENT ACCEPTANCE

26. AUTHORIZING OFFICIAL <i>(Name, title and signature)</i> /DATE	27. ESTIMATE
	<input type="checkbox"/> a. ACCEPTED
	<input type="checkbox"/> b. REJECTED
	<input type="checkbox"/> c. MIPR ATTACHED \$
28. AGENCY FUND CITATION	
29. REMARKS	

INSTRUCTIONS FOR COMPLETING THE WORKSHEET

NOTE: The Reimbursable Project Worksheet is to be used exclusively for projects/services in buildings operated by WHS. GSA Form 2957 must be used to request reimbursable services in buildings operated by GSA.

SECTION I - ORDERING DOD COMPONENT REQUEST

(To be completed by the ordering DoD component)

1. **CONTROL NUMBER** (optional). Insert requesting organization's internal work order control number.
2. **DATE** (YYYYMMDD). Insert the date of this request.
3. **REQUESTING DOD COMPONENT.** Enter the name of the DoD Component requesting the work; i.e., Air Force, Army, ...OSD.
4. **POINT OF CONTACT (POC) AND TELEPHONE NUMBER.** Enter the name of the Agency official to be contacted regarding this project.
5. **POC TELEPHONE NUMBER.** Enter the telephone number (including area code) for the POC.
6. **BUILDING NAME.** Enter the complete address of the work location, including the room number(s) where the work will be performed and the building number.
7. **FUNDING SOURCE.** Place an "X" in the appropriate box to indicate the funding source.
8. **WORK ORDER TYPE.** Place an "X" in the appropriate box to indicate the action being taken on this RPW - initiate a new project; cancel an existing project; modify in scope and/or funding for an existing project. Note: if this is a "change" to an existing project insert the change number; e.g., 1, 2, 3, etc., in the space provided.
9. **WORK START DATE** (YYYYMMDD). Enter the date that work should begin.
10. **WORK COMPLETION DATE** (YYYYMMDD). Enter the date on which work should be completed.
11. **DESCRIPTION OF WORK.** Enter a detailed description of the requested work. If additional space is required, a continuation sheet may be used. Copies of plans and/or drawings should also be attached.
12. **ATTACHMENTS.** Insert an "X" in the appropriate block(s) indicating if supporting documentation (continuation sheets, drawings, etc.) has been forwarded with the RPW.

SECTION II - WHS ESTIMATES *(To be completed by WHS servicing organization)*

13. **INTERNAL CONTROL NUMBER** (optional). Insert servicing organization's internal control number.
14. **RPW NUMBER.** Insert nine character alpha numeric IAD Account Number (e.g., RRWO19999/DWO19999) that will be assigned to this project.
15. **ORC.** Insert the four-digit; e.g. 7400, 9800 Organization Responsibility Code for the organization that will be responsible for the financial tracking and control of this project.
16. **CLEARANCE REQUIRED .** Insert an "X" in the appropriate block(s) to indicate each organization that must review the cost estimate and/or scope of work before the estimate is provided to the requesting DoD Component:
OPFM =
SPMD =
PFPA = Pentagon Force Protection Agency
Other = *(Please Specify)*
17. **SIGNATURE OF PLANNER/ESTIMATOR.** Signature of Planner/Estimator who performed the project cost estimate.
18. **DATE OF ESTIMATE.** Indicate date that the cost estimate was developed by Planner/Estimator.
19. **SERVICING OFFICE .** Activity that will be primarily responsible for performing the requested service(s).
20. **POINT OF CONTACT (POC)/TELEPHONE NUMBER** *(Include Area Code).* Insert name and telephone number of the individual to be contacted by the requesting DoD component regarding the status of this work.
21. **ESTIMATED DELIVERY DATE** (YYYYMMDD). Indicate the estimated delivery date for this project. Use Remarks section as necessary to explain contingencies that may offset the ability of the serving office to meet the estimated delivery date.

22. **ESTIMATE - CALCULATION.** Provide a detailed breakdown of the cost estimate for this project.

- a. **ACTIVITY.** Use the five character alpha numeric Program/Activity code that best describes the services to be accomplished. For example:
PX110 = Custodial
PX130 = HVAC
PX151 = Repairs (over \$10,000)
PX160 = Protective Services
 - b. **PRODUCTIVE HOURS (RATE \$) .** For each activity indicate the total number of productive hours that will be expended by in-house personnel and the hourly productive rate that will be applied.
 - c. **LABOR.** Indicate the estimated cost of in-house labor for each activity: Productive Hours x Productive Hourly Rate.
 - d. **MATERIALS.** For each activity indicate the estimated cost for supplies and materials to be expended.
 - e. **CONTRACT/OTHER.** For each activity show the cost of those portions of the project that will be performed by contract. Also include all other costs that cannot be categorized as in-house labor, supplies or materials.
 - f. **TOTAL.** Indicate the total cost for each activity by adding the amounts shown in blocks 22c, 22d, and 22e.
- (1) **SUBTOTAL.** Indicate subtotal for each column (columns 22b, 22c, 22d, and 22e, and 22f.).
- (2) **ADMIN (%) .** Indicate amount that will be charged to the work for administrative expenses. For example, if the administrative charge is 10%, insert 10% of the subtotal (Item 22f.).
- (3) **TOTAL ESTIMATE .** Show grand total (including Admin cost) for each column (22b, 22c, 22d, and 22e, and 22f.).
- (4) **ACTUAL.** Complete this block only when project is certified as financially complete(see block 2 5b). Based upon a financial reconciliation of this project with official accounting records, insert total actual obligations incurred for this project that will be reflected in the accounting system and billed to the customer.

23. **PERFORMANCE AUTHORIZATION.** Insert the name, title, and signature of the Building Manager or other appropriate program official and concurring officials (as needed), authorizing the accomplishment of the project. Performance authorization may only be given after acceptance (see Section III below) of the estimate and certification of funds availability by the requesting DoD Component.

24. **CONCURRING OFFICIAL.** Self-explanatory.

25. **WORK COMPLETION CERTIFICATION.** Indicate the date (YYYYMMDD) that the project was physically and financially completed. Include initials of the RE&F certifying official.

- a. **PHYSICALLY COMPLETE.** Initialing and dating this block certifies that all work is physically completed and/or the requested service has been delivered.
- b. **FINANCIALLY COMPLETE.** Initialing and dating this block certifies WHS Accounting System accurately reflects all valid obligations (including labor distribution and all administrative charges) for this project. No further obligation of funds shall be made against this project after it has been certified as financially complete.

SECTION III - REQUESTING DOD COMPONENT ACCEPTANCE *(To be completed by the DoD Component requesting the work)*

26. **AUTHORIZING OFFICIAL.** Insert the name, title and signature of the official authorized to accept or reject the cost estimate.
27. **ESTIMATE.** Insert an "X" in the space provided to indicate the acceptance or rejection of the estimate. If the estimate is accepted, a DD Form 448 (Military Interdepartmental Purchase Request (MIPR)) must be prepared for the estimated amount of the work, and attached to this form and forwarded to WHS/RE&F/RMO. In the space provided, indicate the amount of the DD Form 448.
28. **AGENCY FUND CITATION.** In the space provided insert agency fund citation referenced in the MIPR.
29. **REMARKS** (optional).