

REMEDIAL MAINTENANCE (RM) WORK REQUEST (WR)

WR # CONTRACT # DATE

TITLE: To complete RM requirements for
Serial number:

PURPOSE Authorize a one-time, in-scope repair IAW the contract terms and conditions established via CLIN
. The Contractor shall be authorized to invoice for all work completed in arrears of completion and
subsequent Government acceptance of this work for the

SYSTEM

REQUESTING ACTIVITY NAME & PHONE #

CONTRACTING ACTIVITY CONTRACTOR

NOT TO EXCEED (NTE) AMOUNT RM CLIN #

RM QUOTE INFORMATION

Please ensure Quote is attached upon WR Submission

ESTIMATED REPAIR TIME

ESTIMATED LABOR HOURS

BURDENED LABOR RATE per hour *This is an already agreed-upon rate in the applicable RM CLIN*

ESTIMATED MATERIALS

OTHER DIRECT COSTS

WORK DESCRIPTION

COORDINATION AND APPROVAL

Please convert document to PDF prior to signing

CONTRACTOR

CONTRACTING OFFICER REPRESENTATIVE (COR)
or GOVERNMENT POINT OF CONTACT (GPOC)

REQUESTING ACTIVITY POC

CONTRACTING OFFICER