CONTRACT FACILITIES CAPITAL COST OF MONEY

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PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.
RETURN COMPLETED FORM TO YOUR CONTRACTING OFFICIAL.

1. CONTRACTOR NAME	**2. CONTRACTOR ADDRESS**
3. BUSINESS UNIT	
4. RFP/CONTRACT PIIN NUMBER	**5. PERFORMANCE PERIOD**

6. DISTRIBUTION OF FACILITIES CAPITAL COST OF MONEY

POOL a.	ALLOCATION BASE b.	FACILITIES CAPITAL COST OF MONEY c.	
		FACTOR (1)	AMOUNT (2)
d. TOTAL			
e. TREASURY RATE			%
f. FACILITIES CAPITAL EMPLOYED (TOTAL DIVIDED BY TREASURY RATE)			

7. DISTRIBUTION OF FACILITIES CAPITAL EMPLOYED

	PERCENTAGE a.	AMOUNT b.
(1) LAND	%	
(2) BUILDINGS	%	
(3) EQUIPMENT	%	
(4) FACILITIES CAPITAL EMPLOYED	100%	