

**Appendix I**  
**Cost Breakdown Chart**

**SF 270 COST BREAKDOWN CHART**

**STATE OF:**

**PERIOD COVERED:**

**AGREEMENT NUMBER:**

**DoD COMPONENT:**

**INSTALLATION:**

**INSTALLATION:**

**INSTALLATION:**

<b>CATEGORY:</b>	<b>COSTS</b>	<b>CATEGORY:</b>	<b>COSTS</b>	<b>CATEGORY:</b>	<b>COSTS</b>
Personnel		Personnel		Personnel	
Administrative Charges		Administrative Charges		Administrative Charges	
Benefits		Benefits		Benefits	
Travel		Travel		Travel	
Equipment		Equipment		Equipment	
Supplies		Supplies		Supplies	
Contract		Contract		Contract	
Indirect		Indirect		Indirect	
Other		Other		Other	
<b>TOTAL</b>		<b>TOTAL</b>		<b>TOTAL</b>	

This form is to be completed and attached to SF 270 to support outlays to be reimbursed.

This form is to be completed and attached to SF 269A to support outlays against advances issued.