FMS OBLIGATIONAL AUTHORITY

(1) Performing Component _____

(2) Period Covered _____

FMS Case Commitment/Obligation Authority

(3) FMS Planning Directive Control No.	(4) Total Case Value	(5) Amount To Be Held in Trust Fund	(6) Net Case Value	Prior Period Reimbursable Funding/Direct Cite Authority			Authority Required This FY		(12) Remaining Program Value
				(7) Received	(8) Required	(9) Withdrawn	(10) Reimbursable	(11) Direct Cite	
(13) Balance br't fwd.									
(14) Case Tot.									
(15) Admin. Expense									
(16) Total									

PART B: Financing Accounts (17) Appropriation Title (18) Account Symbol								
(19) Balance Brought Forward								
(20) Obligational Authority								

(21) We will accept (1) orders to be performed on a reimbursable basis in the amounts shown in column 10, (2) authority for a direct cite against 97-11x8242 for amounts designated (C) in column 11, and (3) allotments in amounts designated (A) in column 11.

_____

Name of Accepting/Requesting Official

(22) In approving this form, we hereby issue (1) reimbursable orders on a case-by-case basis as shown in column 10, (2) authority for performance on a direct cite basis for the total of the amounts designated (C) in column 11 but not to exceed the amounts specified by case, and (3) an allotment for the total of the amounts designate (A) in column 11 but not to exceed the amounts specified by case.

_____

Name of Offering/Approving Official

(23) Approval Control No. _____

Reset