START 3 QUESTIONED COSTS
Sign and send to Will LaBombard with cc: to Ginny Hope

CONTRACTOR: Weston Solutions, Inc.

CONTRACT: EP-S8-13-01 START CROSSOVER

REPORTING PERIOD: _07/01/17 – 07/28/2017

Task Order No.: _____ **Voucher:** _____

TDD No.: _____

TDD Name: _____

REVIEWER'S CONCERN:

REVIEWER'S SIGNATURE/DATE: