

ABOVE STANDARD SERVICE REQUIREMENTS

(For use of this form, see USMEPCOM Reg 420-3)

1. MEPS NAME _____ FY _____

2. RECURRING REIMBURSABLE COSTS

3. DAYS PER YEAR

4. HOURS

5. COST

HVAC (NIGHT TESTING)

HVAC (SATURDAY OPENINGS)

HVAC (SUNDAY TESTING)

HVAC (EXTENDED HOURS A.M.)

MAINTENANCE AND MONITORING OF SECURITY SYSTEM

CUSTODIAL (SUPPLEMENTAL)

CUSTODIAL (SATURDAY OPENINGS)

OTHER ABOVE RENT COSTS:

6. MEP'S COMMANDER'S SIGNATURE:

NAME:

SIGNATURE:

DATE: