

COUNTERDRUG SUPPORT PROGRAM ESTIMATE OF MISSION COSTS

RCS: RCOP-004

(USARC Reg 500-1; the proponent agency is DCSOPS)

Part A. Administrative Data

1. MUSARC: _____
2. POINT OF CONTACT: _____ 3. PHONE NO.: _____
4. MISSION NO.: _____ 5. MISSION DATE: _____ 6. PROJECT CODE: _____

Part B. Estimates

1. APPROPRIATION: OMAR

- a. TRAVEL/PER DIEM (EOR 2100)
- b. CONTRACTS AND SERVICES (EOR 2300/2500)
- c. NON-OPTEMPO (GR/FH) S/E (EOR 2600/3100)
- d. GROUND OPTEMPO (EOR 2600)
- e. FLYING HOUR OPTEMPO (EOR 2600)

TYPE OF AIRCRAFT _____

FLYING HOURS _____

(Use Remarks, Item 3, for listing additional aircraft)

f. OTHER

g. TOTAL OMAR FUNDS REQUIRED

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

2. APPROPRIATION: RPA

a. TOTAL RPA MAN-DAYS _____

b. TOTAL PARTICIPANTS _____

OFFICER _____

WARRANT _____

ENLISTED _____

c. TOTAL RPA FUNDS REQUIRED

\$ _____

3. REMARKS:

4. NAME AND TITLE OF APPROVING AUTHORITY:

5. SIGNATURE:

6. DATE:

