TASK LINE ITEM TERMINATION NOTICE	DATE

FROM:	TO:

(TASK LINE ITEM(S) BEING TERMINATED)

ITEM NUMBER	CONTRACT NUMBER	EXHIBIT NUMBER

EFFECTIVE DATE OF TERMINATION *(Including travel time.) (Termination orders are being processed and will be forwarded. Travel time and transportation costs will be reimbursed pursuant to the terms and conditions of the basic contract.)*

REMARKS *(Records of this office indicate the following individual(s) is (are) currently assigned to the task line item(s):*

TYPE NAME OF RESPONSIBLE PCO	SIGNATURE