NOTICE OF APPEAL	DATE	OMB APPROVAL NO. 3090-0221

TO: Civilian Board of Contract Appeals

I/We hereby appeal the final decision of _____ issued _____,
(Name of Contracting Officer) (Date)

in connection with a dispute under Contract No. _____. This contract was awarded _____
(Date)

for _____
(Type of commodity, service, or construction)

by _____ , _____
(Name of agency and organizational unit) (City and State)

1. DESCRIBE THE NATURE OF THE DISPUTE INVOLVED IN THE FINAL DECISION AND ANY OTHER CIRCUMSTANCES GIVING RISE TO THIS APPEAL:

2. DESCRIBE THE RELIEF WHICH YOU SEEK INCLUDING AN ESTIMATE OF THE AMOUNT OF MONEY IN CONTROVERSY, IF ANY, AND IF KNOWN:

APPELLANT			ATTORNEY FOR APPELLANT		
NAME			NAME		
TITLE			FIRM		
STREET			STREET		
CITY			CITY		
STATE	ZIP CODE	TELEPHONE NUMBER ( )	STATE	ZIP CODE	TELEPHONE NUMBER ( )
APPELLANT'S SIGNATURE			ATTORNEY'S SIGNATURE		