Exhibit B

Contractor's Payment Schedule

	Anticipated Monthly Payment		
	FY 15	**FY 16**	**FY 17**
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
FY Total	-	-	-
Contract Total			-

Payment Schedule must be signed by person listed on Incumbency Certificate submitted with Proposal

Signature _____

Date_____