

ANNEX 15 - UAC/RATIFICATION REPORT

Format . A formatted spreadsheet is available on the website identified at NMCARS [5201.105-3 Copies.](#)

| Field Name | Description |
|---------------------------|---|
| Ratification Number | The numbering format shall consist of (e.g. First reported FY16 NAVSEA action: N00024-16-UAC-001): (A) Organization Unit Identification Code-; (B) FY when UAC reported-; (C) The acronym "UAC"-; (D) A consecutive 3-digit numeric identifier. |
| Status | Open or Closed. No other entries are acceptable. If an action was initially reported as a UAC and later determined to not be a ratification action, the item should be reported as closed. |
| Date Opened | The date the item was determined to be a UAC. Acceptable dates include the date: an invoice is received; an employee reports the action; or, the date the action is determined to be a UAC. |
| Date Closed | The date the ratification is complete or, if not a ratification, the date the item is deemed as other than a ratifiable action. Acceptable dates are the date of the order, contract/modification, or credit card action. |
| HCA | The HCA reporting the UAC. Acceptable entries are: HQMC I&L, MCSC, MSC, NAVAIR, NAVFAC, NAVSEA, NAVSUP, ONR, NAVWAR, or SSP. |
| NAVSUP BSO | For use by NAVSUP only. All others leave blank. |
| Person Committing the UAC | The name of the person committing the UAC. |
| Contractor | The name of the contractor performing the UAC. |
| Contractor's CAGE | The Contractor's CAGE code. |
| Previous UAC? | Yes or No. Answer based on whether or not the person or contractor committing or performing the UAC has done so previously. |

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| Disciplinary Action? | Yes or No. |
| Product and Service Code (PSC) | The applicable PSC associated with the product/service provided/received in the ratification. |
| Description | A short description of the product/service involved and the circumstances involved in performing the UAC. |
| Amount Reported | Dollar amount of the reported UAC. |
| Amount Ratified | Dollar amount of the ratification (if ratified). |
| Contracting Officer | Contracting Officer's name. |
| Ratifying Official | Ratifying Official's name. |
| Additional Info | Any clarifying or explanatory information deemed necessary by the reporting activity. |