

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
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Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.

SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.

1. CONTRACT / PURCH ORDER NO DAKF11-99-D-0004		2. DELIVERY ORDER NO. 0001		3. DATE OF ORDER 99MAR23		4. REQUISITION / PURCH REQUEST NO. W27P06-9MPR-C14C		5. PRIORITY	
6. ISSUED BY ARMY ATLANTA CONTRACTING CENTER INSTALLATON LOGISTICS ENVIRONMENT SECT 1309 ANDERSON WAY SW FORT MCPHERSON GA 30330-1096 MARY ANNE OSBORN S13 (404) 464-4189			CODE i03		7. ADMINISTERED BY (If other than 6) See Block 6			CODE I03	
9. CONTRACTOR Vendor Id: 00002441 EAGLE SUPPORT SERVICES CORPORATION NAME AND ADDRESS 102 SOUTH SIDE SQUARE HUNTSVILLE AL 35801		9. CONTRACTOR CODE 08AK9		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) 99APR01		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
		12. DISCOUNT TERMS 0% 000 Days Net 030		13. MAIL INVOICES TO See Block 15					
14. SHIP TO DAKF1199D0004			CODE F01		15. PAYMENT WILL BE MADE BY CODE S01021 DFAS OPLOC ST LOUIS DFAS SL FD PO BOX 200009 ST LOUIS MO 63120-1718 EFT: T			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TO ORDER OF DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your <input type="checkbox"/> furnish the following on terms specified herein.									
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE			TYPED NAME AND TITLE			DATE SIGNED (YYMMDD)	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA / LOCAL USE 97904000000025010095Q5Q014077064387100241025500004C9MPRC14CS01021 Award Oblig Amt US\$ 100,000.00									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES / SERVICE				20. QUANTITY ORDERED/* ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
	THIS IS A FIRM, FIXED-PRICE TASK ORDER IN SUPPORT OF THE NATIONAL MISSILE DEFENSE OPEN SYSTEMS SUPPORT PWS AT HUNTSVILLE, ALABAMA. TASK ORDER PROVIDES SERVICES IN LOGISTICS TASK AREAS 1, 7, 9 AND 13. CONTRACTOR SHALL INVOICE PER SCHEDULE.								
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.			24. UNITED STATES OF AMERICA BY: MARY ANNE OSBORN S13 <i>Mary Anne Osborn</i> CONTRACTING / ORDERING OFFICER			25. TOTAL \$ 100000.00		29. DIFFERENCES	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			27. SHIP. NO.		28. D.O. VOUCHER NO.		30. INITIALS		33. AMOUNT VERIFIED CORRECT FOR
36. I certify this account is correct and proper for payment. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER			31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		34. CHECK NUMBER		35. BILL OF LADING NO.
37. RECEIVED AT	38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)	40. TOT. CONTAINERS	41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		