

# ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved  
OMB No. 0704-0187  
Expires Jun 30, 1997

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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. 0002		3. DATE OF ORDER 99SEP18		4. REQUISITION / PURCH REQUEST NO. W81C50-9238-2000		5. PRIORITY	
6. ISSUED BY ARMY ATLANTA CONTRACTING CENTER INFORMATION TECHNOLOGY TRAINING SECTION 1301 ANDERSON WAY SW FORT MCPHERSON GA 30330-1096 MARY ANNE OSBORN S13 (404) 464-4189				CODE I01		7. ADMINISTERED BY (If other than 6) ARMY ATLANTA CONTRACTING CENTER INSTALLATON LOGISTICS ENVIRONMENT SECT 1309 ANDERSON WAY SW FORT MCPHERSON GA 30330-1096			
CODE		CODE		CODE		CODE		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR Vendor Id: 00002441 EAGLE SUPPORT SERVICES CORPORATION NAME AND ADDRESS 102 SOUTH SIDE SQUARE HUNTSVILLE AL 35801			CODE 08AK9		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) 01SEP30		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 SEE SCHEDULE FOR ADDRESS ATLANTA GA 30330-1096			CODE F02		15. PAYMENT WILL BE MADE BY DAKF1199D0004		CODE F01		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER  EFT: T

16. TYPE OF ORDER	DELIVERY	<input checked="" 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.
	PURCHASE	<input type="checkbox"/>	
Reference your 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. furnish the following on terms specified herein.			

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

See Block 19      Award Oblig Amt US\$      120,000.00

18. ITEM NO.	19. SCHEDULE OF SUPPLIES / SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	TRAINING FOR CA-ARNG UNITS RECEIVING DISPLACED EQUIPMENT TRAINING  PHASE IN Aug 27 1999- 30 Sep 1999 Accounting: 219206518010049762P132678B0002572W8AYA81C5092382000976200S04376	1.00	LO	120000.000000	120000.00

*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	25. TOTAL \$3,892,121.86 29. DIFFERENCES
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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	27. SHIP NO.	28. D.O. VOUCHER NO.	30. INITIALS
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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	33. AMOUNT VERIFIED CORRECT FOR  34. CHECK NUMBER  35. BILL OF LADING NO.
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37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOT. CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
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Schedule of Supplies/Services  
Continued from Block 19, DD Form 1155  
Invoicing Instructions

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This is a cost plus fixed fee task order to support The National Guard Displaced Equipment effort with performance at Camp Roberts, California and various other California locations. Logistical support services include logistical task areas 1, 2, 4, and 7.

Contractor shall invoice per the following instructions.

CLIN 0001 (PHASE-IN only) invoices shall be sent to the following paying office:

USPFO for California  
PO Box 8104  
Camp San Luis Obispo  
San Luis Obispo, California 93403-8104

CLINs 0003 through 10 (Base period and Option One) shall be sent to the following paying office.

DFAS- Lexington, Kentucky  
ATTN: Vendor Pay Branch  
PO Box 14063  
Lexington, KY 40512