

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF

13

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO DAKF11-99-D-0005-	2. DELIVERY ORDER/ CALL NO. 0049	3. DATE OF ORDER/CALL 2001Mar10	4. REQ / PURCH. REQUEST NO. W9083L-1061-NJ01	5. PRIORITY
-------------------------------------------------------------	-------------------------------------	------------------------------------	-------------------------------------------------	-------------

6. ISSUED BY ARMY ATLANTA CONTRACTING CENTER INSTALLATION, LOGISTICS, & ENVIRONMENTAL CONTRACTS 1309 ANDERSON WAY SW FORT MCPHERSON GA 30330-1096	CODE DAKF11	7. ADMINISTERED BY SEE ITEM 6	CODE	8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)
---------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------	---------------------------------------------	------	------------------------------------------------------------------------------------------------------------------------------

9. CONTRACTOR STANLEY ASSOCIATES INC RALPH I. SEBACHER 300 N WASHINGTON STREET SUITE 400 ALEXANDRIA VA 22314-2121	CODE 6G280	FACILITY	10. DELIVER TO FOB POINT BY (Date) SEE SCHEDULE	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
			12. DISCOUNT TERMS Net 30 Days	
13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Schedule				

14. SHIP TO DCSLOG DEPUTY CHIEF OF STAFF FOR THREATA COOKSEY FMMC 1777 HARDEE AVE SW B200 FORT MCPHERSON GA 30330-1062	CODE AFLG01	15. PAYMENT WILL BE MADE BY DFAS DEFENSE FINANCE AND ACCOUNTING ORLANDO PO BOX 934400 2500 LEAHY ORLANDO FL 32893-4400	CODE HQ301	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
------------------------------------------------------------------------------------------------------------------------------------	----------------	------------------------------------------------------------------------------------------------------------------------------------	---------------	------------------------------------------------------------------------------------

16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Govt. agency or in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE		Reference your quote dated _____
			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 (YYYYMMDD)
<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 Schedule

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
SEE 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 <i>Katherine E. Williams</i> BY: KATHERINE E. WILLIAMS CONTRACTING / ORDERING OFFICER	25. TOTAL \$104,241.09	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	27. SHIP NO.	28. DO VOUCHER NO.	30. INITIALS
DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR

36. I certify this account is correct and proper for payment.	31. PAYMENT	34. CHECK NUMBER	35. BILL OF LADING NO.
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____	<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		

37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.
-----------------	-----------------	------------------------------	----------------------	---------------------	---------------------

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

This is a cost plus fixed fee task order for Army Transformation Logistics Support. Logistical support services include logistical task areas 1,2,4,and 5.

Contractor shall invoice per instructions in the schedule.

1. PERFORMANCE PERIODS:

PERIOD	DATES
Base Period	10 March 2001 – 9 March 2002
Option year 1	10 March 2002 – 9 March 2003
Option year 2	10 March 2003 – 9 March 2004

2. OBLIGATED FUND RECAP:

ACRN AA CLINs 0003, 0004 and 0005 are funded for total amount of \$104,241.09
Requisition No. W9083L-1061-NJ01

3. INVOICING INSTRUCTIONS:

a. The contractor shall submit **original** plus one copy of invoice [SF 1034] Public Voucher for Purchases and Services, through their **cognizant DCAA to the Contracting Officer at address in Block 6.**

b. Submit one “copy” of the SF 1034 to the primary task order monitor as identified in the Performance Work Statement. Invoices shall not be submitted more often than once every two weeks.

Cost plus fixed fee award vouchers shall be submitted pursuant to FAR 52.216-7, and shall, as a minimum, include the following documentation:

a. The total price for the current billing period and the cumulative billed for the current fiscal year. These costs shall be shown by CLIN or sub-CLIN level.

b. Include supporting documentation, by CLIN, for amounts invoiced. Supporting documentation must be broke-out in detail to substantiate the total amount requested for reimbursement.

c. Travel costs shall be broken out by occurrence, with itinerary, dates of travel, number and category of employee travel, per diem costs, transportation costs. Include the government approval with supporting documentation. Travel shall be in accordance with FAR part 31.205-46 and per diem rates will be in accordance with the Joint Travel Regulation.

d. The contractor shall submit proposed final indirect cost rates and completion [FINAL] voucher in accordance with FAR 52.216-7 and the instructions contained in award at G.3, paragraph B.

e. **The task order monitor** will send the Contracting Officer the Invoice Review and Approval (Attachment 10 of the Ordering Guide) at address in Block 6 via fastest method within five days of receipt. The Contracting Officer