

# ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved  
OMB No. 0704-0187  
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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-0005		2. DELIVERY ORDER NO. 0004		3. DATE OF ORDER 99MAY27		4. REQUISITION / PURCH REQUEST NO. MIPR99-9200-8197		5. PRIORITY	
6. ISSUED BY ARMY ATLANTA CONTRACTING CENTER INSTALLATON LOGISTICS ENVIRONMENT SECT 1309 ANDERSON WAY SW FORT MCPHERSON GA 30330-1096 KATHERINE E WILLIAMS S18 (404) 464-4143				7. ADMINISTERED BY (If other than 6) See Block 6		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR Vendor Id: 00002442		CODE 5T517		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) 99MAY06		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS STANLEY ASSOCIATES 300 N WASHINGTON ST STE 400 ALEXANDRIA VA 22314						12. DISCOUNT TERMS 0% 000 Days Net 030		13. MAIL INVOICES TO See Schedule	
14. SHIP TO SEE SCHEDULE		CODE F05		15. PAYMENT WILL BE MADE BY DAKF1199D0005		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 _____ 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) \_\_\_\_\_

If this box is marked, supplier must sign Acceptance and return the following number of copies: \_\_\_\_\_

17. ACCOUNTING AND APPROPRIATION DATA / LOCAL USE  
9711X8242.EZ02.4F.43EZ.CYAAEZ.017000.592.875800.NMIPR99920008197 Award Oblig Amt US\$ 23,054.71

18. ITEM NO.	19. SCHEDULE OF SUPPLIES / SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	This is a cost plus fixed fee task order for logistical support to the CZECH Republic. Technical support provided in OCONUS location.  Task order provides serices in logistical areas 1 and 2.  Contractor shall invoice in accordance				

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 \$13 *Mary Anne Osborn*  
CONTRACTING / ORDERING OFFICER

25. TOTAL \$ 23054.71

29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN  
 INSPECTED  RECEIVED  ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

27. SHIP. NO. \_\_\_\_\_

28. D.O. VOUCHER NO. \_\_\_\_\_

30. INITIALS \_\_\_\_\_

32. PAID BY \_\_\_\_\_

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  
 COMPLETE  
 PARTIAL  
 FINAL

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. \_\_\_\_\_