

# 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. 0008		3. DATE OF ORDER 99AUG03		4. REQUISITION / PURCH REQUEST NO. MIPR9J-DIV0-0106		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				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 STANLEY ASSOCIATES NAME AND ADDRESS 300 N WASHINGTON ST STE 400 ALEXANDRIA VA 22314				10. DELIVER TO FOB POINT BY (Date) 99JUL17		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
14. SHIP TO SEE SCHEDULE DAKF1199D0005				15. PAYMENT WILL BE MADE BY EFT: T		13. MAIL INVOICES TO See Schedule			

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.			

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  
21920200000762083111000000025FB000000MIPR9JDIV00106FG4083009076 Award Oblig Amt US\$ 12,273.07

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 to support the 31D, Fort Stewart, GA. This task order includes logistical task areas 1 and 7. Period of Performance: 17 Jul - 16 Sep 99 at Fort Stewart, GA. 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 \$ 12273.07
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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. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	28. D.O. VOUCHER NO.	29. DIFFERENCES
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36. I certify this account is correct and proper for payment. DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	30. INITIALS	33. AMOUNT VERIFIED CORRECT FOR
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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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