

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF

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1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. DAKF11-99-D-0005-	2. DELIVERY ORDER/ CALL NO. 0043	3. DATE OF ORDER/CALL 2000Sep22	4. REQ./PURCH. REQUEST NO. W81PNH-0235-4000	5. PRIORITY
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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 (if other than 6) SEE ITEM 6	CODE	8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)
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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	
			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See schedule	

14. SHIP TO SEE SCHEDULE ATTN:	CODE	15. PAYMENT WILL BE MADE BY DFAS DEFENSE FINANCE AND ACCOUNTING SERVICE DIR OF NETWORK OPERATIONS ATTN VENDOR PAY DIV DEPT 3200 8899 EAST 56TH STREET INDIANAPOLIS, IN 46249-3200	CODE HQ0105	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
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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 \$199,003.13	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. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	28. DO VOUCHER NO.	30. INITIALS
DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____	31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY

36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____	33. AMOUNT VERIFIED CORRECT FOR	34. CHECK NUMBER	35. BILL OF LADING NO.
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37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.
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