

# 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-0005		2. DELIVERY ORDER NO. 0012		3. DATE OF ORDER 99SEP27		4. REQUISITION / PURCH REQUEST NO. W81PNH-9196-2005		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 STANLEY ASSOCIATES 300 N WASHINGTON ST STE 400 ALEXANDRIA VA 22314			10. DELIVER TO FOB POINT BY (Date) 99DEC27			11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISAD- VANTAGED <input type="checkbox"/> WOMEN-OWNED			
12. DISCOUNT TERMS 0% 000 Days Net 030			13. MAIL INVOICES TO See Schedule						
14. SHIP TO US ARMY RESERVE COMMAND ATTN AFRC IMH 1401 DESHLER STREET SW FORT MCPHERSON GA 30330-2000			15. PAYMENT WILL BE MADE BY DFAS INDIANAPOLIS 8899 EAST 56TH STREET DEPT 3809 INDIANAPOLIS IN 46249-3809			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			

16. ORDER TYPE DELIVERY <input checked="" type="checkbox"/> PURCHASE <input 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.						
		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)	
<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  
219208000009242400131R96BF000252G000000W81PNH91962005ADT000028013 Award Oblig Amt US\$ 196,037.80

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 to provide logistical management support services to the USAR ODCSLOG. Task order incorporates logistical task areas 1, 2, 4 and 6. Services shall be performed at Atlanta, GA. Performance Period is base period, plus two, one-year options. Contractor shall invoice in accordance with the schedule.				

24. UNITED STATES OF AMERICA BY: KATHERINE E WILLIAMS S18 <i>Katherine Williams</i> CONTRACTING / ORDERING OFFICER		25. TOTAL \$ 196037.80	
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.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		28. D.O. VOUCHER NO.	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		29. DIFFERENCES	
		30. INITIALS	
		32. PAID BY	
		33. AMOUNT VERIFIED CORRECT FOR	
		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.