

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
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PAGE 1 OF 2

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. 0014		3. DATE OF ORDER 99SEP27		4. REQUISITION / PURCH REQUEST NO. W33BL0-9260-NJ8D		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 NAME AND ADDRESS 300 N WASHINGTON ST STE 400 ALEXANDRIA VA 22314		5T517		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) 00SEP26		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
12. DISCOUNT TERMS 0% 000 Days Net 030		13. MAIL INVOICES TO See Schedule							
14. SHIPTO SEE SCHEDULE		F05		15. PAYMENT WILL BE MADE BY EFT: T		F01		MARK ALL PACKAGES AND PAPERS WITH CONTRACTOR ORDER NUMBER	

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) _____

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

17. ACCOUNTING AND APPROPRIATION DATA / LOCAL USE
2192020000007620021315197000025GY60J8SAW33BL09260NJ8DJ8SA60S09177 Award Oblig Amt US\$ 299,956.30

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 support FORSCOM DCSLOG for the APS logistical support services. Task order includes logistical task areas 1, 2 and 7. Place of Performance is Atlanta, GA. Period of performance: 27 Sep 99 - 26 Sep 00. 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: KATHERINE E WILLIAMS S18 <i>Katherine E Williams</i> CONTRACTING / ORDERING OFFICER		25. TOTAL \$ 299956.30	
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. D.O. VOUCHER NO.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<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 _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
				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.