

# 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<br>DAKF11-99-D-0005   |  | 2. DELIVERY ORDER NO.<br>0001  |                     | 3. DATE OF ORDER<br>99MAR02   |                      | 4. REQUISITION / PURCH REQUEST NO.<br>MIPR9E-DIV0-0055 |                 | 5. PRIORITY   |  |
| 8. ISSUED BY<br>ARMY ATLANTA CONTRACTING CENTER<br>INSTALLATON LOGISTICS ENVIRONMENT SECT<br>1309 ANDERSON WAY SW<br>FORT MCPHERSON GA 30330-1096<br>KATHERINE E WILLIAMS S18 (404) 464-4143 |  |  |                     | 7. ADMINISTERED BY (If other than 6)<br>See Block 6   |                      | CODE 103   |                 | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DEST<br><input type="checkbox"/> OTHER<br>(See Schedule if other)                          |  |
| 9. CONTRACTOR Vendor Id: 00002442<br><br>STANLEY ASSOCIATES<br><br>NAME AND ADDRESS 300 N WASHINGTON ST STE 400<br>ALEXANDRIA VA 22314   |  | CODE 5T517   |                     | FACILITY CODE   |                      | 10. DELIVER TO FOB POINT BY (Date)<br>99MAR22          |                 | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |  |
| 12. DISCOUNT TERMS<br>0% 000 Days Net 030  |  | 13. MAIL INVOICES TO<br>See schedule   |                     |   |                      |  |                 |   |  |
| 14. SHIP TO<br>SEE SCHEDULE FOR ADDRESS<br><br>ATLANTA GA 30330-1096   |  | CODE F02   |                     | 15. PAYMENT WILL BE MADE BY<br>DFAS<br>ATTN DFAS RO FPV PH 315 330 6692<br>124 CHAPPIE JAMES BLVD<br>ROME NY 13441-4511 |                      | CODE S09076  |                 | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER  |  |
| EFT: T   |  | EFT: T   |                     |   |                      |  |                 |   |  |
| 16. TYPE OF ORDER<br>DELIVERY <input checked="" type="checkbox"/><br>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.<br>Reference your _____ furnish the following on terms specified herein.<br>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<br>2192020000007620831110000000025FB000000MIPR9EDIV00055FG408309076 Award Oblig Amt US\$ 9,996.45  |  |  |                     |   |                      |  |                 |   |  |
| 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 P2L training to the 3ID located at Fort Stewart, GA.<br><br>This task order is for Logistical Training Services Support, (Logistic Area 7)<br>Contractor shall invoice in accordance with instructions in the 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<br>BY: KATHERINE E WILLIAMS S18<br><i>Katherine E Williams</i> CONTRACTING / PROCESSING OFFICER   |                     |   | 25. TOTAL \$ 9996.45 |  | 29. DIFFERENCES |   |  |
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><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.  |                      | 30. INITIALS   |                 | 33. AMOUNT VERIFIED CORRECT FOR   |  |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____   |  | <input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL   |                     | 32. PAID BY   |                      | 34. CHECK NUMBER                                       |                 |   |  |
| 36. I certify this account is correct and proper for payment.<br><br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____  |  | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL   |                     | 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.  |  |                 |   |  |