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	2. DELIVERY ORDER NO.	3. DATE OF ORDER	4. REQUISITION / PURCH REQUEST NO.	5. PRIORITY
DAKF11-99-D-0006	0001	99JUN01	MIPR9E-DERH-A345	

6. ISSUED BY CODE I03

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) CODE I03

See Block 6

8. DELIVERY FOB
[X] DEST
[ ] OTHER (See Schedule if other)

9. CONTRACTOR Vendor Id: 00002443 CODE 0BY16

NAME AND ADDRESS
BROWN AND ROOT SERVICES CORPORATION
9900 WESTPARK DRIVE
HOUSTON TX 77063-5169

FACILITY CODE

10. DELIVER TO FOB POINT BY (Date) 99JUN01

11. MARK IF BUSINESS IS
[ ] SMALL
[ ] SMALL DISADVANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS 0% 000 Days Net 030

13. MAIL INVOICES TO See Schedule

14. SHIP TO CODE F02
SEE SCHEDULE FOR ADDRESS
DAKF1199D0006
ATLANTA GA 30330-1096

15. PAYMENT WILL BE MADE BY CODE S28013
DFAS INDIANAPOLIS
8899 EAST 56TH STREET
DEPT 3809
INDIANAPOLIS IN 46249-3809
EFT: T

MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. TYPE OF ORDER

DELIVERY	X	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
PURCHASE		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)

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

17. ACCOUNTING AND APPROPRIATION DATA / LOCAL USE
See Block 19 Award Oblig Amt US$ 45,526.00

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 for maintenance and support of the Biological Intergrated Detection System Services performed at Fort Gillem, GA, Fort Polk, LA and Anniston, AL Task order provides services in logistic areas, 1, 3, 4 and 16. 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 28May99
Katherine E Williams
CONTRACTING / ~~ORDERING~~ OFFICER

25. TOTAL $ 45526.00

29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ] INSPECTED [ ] RECEIVED [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

DATE | SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

27. SHIP. NO.
[ ] PARTIAL
[ ] FINAL

28. D.O. VOUCHER NO.

30. INITIALS

32. PAID BY

33. AMOUNT VERIFIED CORRECT FOR

36. I certify this account is correct and proper for payment.

DATE | SIGNATURE AND TITLE OF CERTIFYING OFFICER

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

34. CHECK NUMBER

35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMMDD)	40. TOT. CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.