

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 DAKF11-99-D-0006 | | 2. DELIVERY ORDER NO. 0002 | | 3. DATE OF ORDER 99SEP24 | | 4. REQUISITION / PURCH REQUEST NO. W33BL0-9253-NJ3K | | 5. PRIORITY | | | |
| 6. ISSUED BY ARMY ATLANTA CONTRACTING CENTER INFORMATION TECHNOLOGY TRAINING SECTION 1301 ANDERSON WAY SW FORT MCPHERSON GA 30330-1096 MARY ANNE OSBORN S13 (404) 464-4189 | | | CODE I01 | | 7. ADMINISTERED BY (If other than 6) See Block 6 | | | CODE I01 | | | |
| 9. CONTRACTOR Vendor Id: 00002443 BROWN AND ROOT SERVICES CORPORATION 9900 WESTPARK DRIVE HOUSTON TX 77063-5169 | | | CODE 0BY16 | | FACILITY CODE | | 10. DELIVER TO FOB POINT BY (Date) 02SEP19 | | 11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | | |
| 14. SHIPTO SEE SCHEDULE FOR ADDRESS ATLANTA GA 30330-1096 | | | CODE F02 | | 15. PAYMENT WILL BE MADE BY DFAS OR FPV ARMY VENDOR PAY BRANCH PHONE 800 950 9784 P O BOX 934400 2500 LEAHY AVE ORLANDO FL 32893-4400 | | CODE s09177 | | EFT: T EFT: T | | |
| 16. TYPE OF ORDER 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 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\$ 487,696.00

| 18. ITEM NO. | 19. SCHEDULE OF SUPPLIES / SERVICE | 20. QUANTITY ORDERED/ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|--------------|--|--------------------------------|----------|----------------|------------|
| | NON PERSONAL SERVICES TO SUPPORT FORSCOM INTEGRATION TASK FORCE TASK AREAS 1 AND 10 BASE PERIOD OF PERFORMANCE 20 SEP 1999-19 SEPTEMBER 2000 | | | | |

*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: MARY ANNE OSBORN S13 *Mary Anne Osborn*
CONTRACTING / ORDERING OFFICER

25. TOTAL \$ 1999888.00

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

27. SHIP. NO. _____

28. D.O. VOUCHER NO. _____

29. DIFFERENCES _____

30. INITIALS _____

31. PAYMENT
 PARTIAL
 FINAL

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 _____

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. _____