

# 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-0007		2. DELIVERY ORDER NO. 0001		3. DATE OF ORDER 99MAR09		4. REQUISITION / PURCH REQUEST NO. W33FYJ-9047-NJ19		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: 00002444		10. DELIVER TO FOB POINT BY (Date) 99APR01		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS 0% 000 Days Net 030		13. MAIL INVOICES TO See Schedule	
NAME AND ADDRESS INTERNATIONAL CONSULTANTS INC SUITE 200 4134 LINDEN AVENUE DAYTON OH 45432		14. SHIPTO SEE SCHEDULE		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		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			

16. T O R P D E E R  O F	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.  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.
	PURCHASE	<input type="checkbox"/>	

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 21920200009762002113063.00000251260JHXFW33FYJ9047NJ19JHXF6009177		Award Oblig Amt US\$	839,492.85
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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 FMFC for Logistic coordination and reengineering services, Expediter. Services provided at 12 CONUS locations. Task order provides services in logistic areas, 1, 2, 3, 4, 6, 9, 10, and 15.  Contractor shall invoice per _____				

*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: <i>Katherine E Williams</i> S18 CONTRACTING ORDERING OFFICER		25. TOTAL \$ 839492.85	
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. _____ <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCES _____ 30. INITIALS _____	
_____ DATE   _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		28. D.O. VOUCHER NO. _____ 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 <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		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.