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-0007	0002	99MAR10	W33FYJ-9047-NJ16	

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: 00002444 CODE 0J8L5 FACILITY CODE

NAME AND ADDRESS
INTERNATIONAL CONSULTANTS INC
SUITE 200
4134 LINDEN AVENUE
DAYTON OH 45432

10. DELIVER TO FOB POINT BY (Date) 99APR01

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

12. DISCOUNT TERMS 0% 000 Days Net 030

13. MAIL INVOICES TO See Schedule

14. SHIP TO CODE F05

SEE SCHEDULE

DAKF1199D0007

15. PAYMENT WILL BE MADE BY CODE S09177

DFAS OR FPV ARMY EFT:T
VENDOR PAY BRANCH PHONE 800 950 9784
P O BOX 934400 2500 LEAHY AVE
ORLANDO FL 32893-4400
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
21920200000976200211306 3.00000251260JHXFW33FYJ9047NJ16JHXF6009177 Award Oblig Amt US$ 570,104.44

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 FMMC for the Contract Management Team. Services performed at Fort McPherson, GA. Task order provides services in logistic areas, 1, 2, 4, 6, 9, 10, and 15. 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 Katherine E Williams 10 Mar 99
CONTRACTING / ORDERING OFFICER

25. TOTAL $ 570104.44

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.