

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187
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PAGE 1 OF 2

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. 0006		3. DATE OF ORDER 99SEP24		4. REQUISITION / PURCH REQUEST NO. W5CD3E-9245-1101		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: 00002444 INTERNATIONAL CONSULTANTS INC NAME AND ADDRESS SUITE 200 4134 LINDEN AVENUE DAYTON OH 45432			CODE OJ8L5		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) 99DEC23		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO SEE SCHEDULE FOR ADDRESS ATLANTA GA 30330-1096			CODE F02		15. PAYMENT WILL BE MADE BY DFAS INDIANAPOLIS 8899 EAST 56TH STREET DEPT 3809 INDIANAPOLIS IN 46249-3809		CODE S28013		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER EFT: T	

16. T Y P 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)
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If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA / LOCAL USE		Award Oblig Amt US\$	30,000.00
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18. ITEM NO.	19. SCHEDULE OF SUPPLIES / SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	NON PERSONAL SERVICES to the DSS MANAGEMENT STUDY TEAM LOCATED IN BUILDING 2180, Fort McCoy, WI LOGISTIC SERVICES (T&M AND FFP) FFP PERIOD OF PERFORMANCE 24 SEP 99-23 DEC 99				

*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 <i>Mary Anne Osborn</i> CONTRACTING / ORDERING OFFICER	25. TOTAL \$	30000.00
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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 DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		27. SHIP. NO.	28. D.O. VOUCHER NO.	30. INITIALS	29. DIFFERENCES
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		32. PAID BY	
		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)	
40. TOT. CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

Continuation of Block 19, DD Form 1155:

This is a firm fixed price task order with a cost reimbursable clin for travel, per diem to provide logistical support to FT MCCOY A76 MANAGEMENT TEAM . This task order incorporates logistical task areas 1 and 2. Performance period is for 120 days effective 24 Sep 99 – 23 Dec 99.

OBLIGATION RECAP:

Block 25, DD Form 1155 reflects total value of the task order.

Total Obligated: W5CD3E 9245 1101 - \$30,000.00

BLOCK 14 Ship to:

Directorate of Support Services
ATTN: Mr. Alan Balliett
2171 South 8th Avenue
Fort McCoy, Wisconsin 54656-5136

Invoicing Instructions:

a. The **contractor** shall submit invoice vouchers, SF 1034, Public Voucher for Purchases and Services, to the primary task order monitor identified in the performance Work Statement.

b. The **task order monitor** will submit Vouchers (SF 1034) with the Invoice Review and Approval (See Task Ordering Guide Attachment 10a) to the Administrative contracting Officer at the address below. SF 1034 will be processed within the allowable timeframe established in the Prompt Payment Act as amended. Invoices shall not be submitted more often than once every two weeks. Partial payments are authorized.

Army Atlanta Contracting Center
AFLG PRC (K. Williams)
1309 Anderson Way SW
Fort McPherson, GA 30330-1096
Fax (404) 464 4194
Email williamk@forscom.army.mil

Payment will be made by the Defense Finance and Accounting Office as shown in Block 15 DD Form 1155.