

# ORDER FOR SUPPLIES OR SERVICES

|  |                                     |                                    |   |             |
|--|-------------------------------------|------------------------------------|---|-------------|
| 1. CONTRACT/PURCH. ORDER/ AGREEMENT NO.<br>DAKF11-99-D-0007- | 2. DELIVERY ORDER/ CALL NO.<br>0009 | 3. DATE OF ORDER/CALL<br>2000Mar28 | 4. REQ./ PURCH. REQUEST NO.<br>W33FYJ-0059-NJ06 | 5. PRIORITY |
|--|-------------------------------------|------------------------------------|---|-------------|

|   |                |   |      |  |
|---|----------------|---|------|--|
| 6. ISSUED BY<br>ARMY ATLANTA CONTRACTING CENTER<br>1301 ANDERSON WAY SW<br>AFLG-PR<br><br>FORT MCPHERSON, GA 30330-1096 | CODE<br>DAKF11 | 7. ADMINISTERED BY (if other than 6)<br><br><b>SEE ITEM 6</b> | CODE | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DEST<br><input type="checkbox"/> OTHER<br><br>(See Schedule if other) |
|---|----------------|---|------|--|

|   |               |          |   |  |
|---|---------------|----------|---|--|
| 9. CONTRACTOR<br>INTERNATIONAL CONSULTANTS INC<br>ATTN IHE BEEDIWALA<br>4134 LINDEN AVENUE<br>SUITE 200<br>DAYTON, OH 45432 | CODE<br>OJ8L5 | FACILITY | 10. DELIVER TO FOR POINT BY (Date)<br><b>SEE SCHEDULE</b> | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input checked="" type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |
|   |               |          | 12. DISCOUNT TERMS  |  |
|   |               |          | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br>See schedule |  |

|   |      |   |                |   |
|---|------|---|----------------|---|
| 14. SHIP TO<br><b>SEE SCHEDULE</b><br>ATTN: | CODE | 15. PAYMENT WILL BE MADE BY<br>DFAS DEFENSE FINANCE AND ACCOUNTING SERVICE<br>ORLANDO<br>PO BOX 934400 2500 LEAHY<br><br>ORLANDO, FL 32893-4400 | CODE<br>HQ0301 | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2. |
|---|------|---|----------------|---|

|   |                |                                     |  |  |
|---|----------------|-------------------------------------|--|--|
| 16. TYPE OF ORDER   | DELIVERY/ CALL | <input checked="" type="checkbox"/> | This delivery order/call is issued on another Govt. agency or in accordance with and subject to terms and conditions of above numbered contract. |  |
|   | PURCHASE       | <input type="checkbox"/>            | Reference your quote dated   | 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 (YYYYMMDD) |
| <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  
**See Schedule**

| 18. ITEM NO.        | 19. SCHEDULE OF SUPPLIES/ SERVICES | 20. QUANTITY ORDERED/ ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|---------------------|------------------------------------|---------------------------------|----------|----------------|------------|
| <b>SEE SCHEDULE</b> |                                    |                                 |          |                |            |

|   |   |                                    |                 |
|---|---|------------------------------------|-----------------|
| * 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<br><i>Katherine E. Williams</i><br>BY: Katherine E. Williams<br>CONTRACTING / ORDERING OFFICER | 25. TOTAL .<br><b>\$968,332.32</b> | 29. DIFFERENCES |
|---|---|------------------------------------|-----------------|

|   |  |                    |                                 |
|---|--|--------------------|---------------------------------|
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED<br><br>DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____ | 27. SHIP NO.<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL | 28. DO VOUCHER NO. | 30. INITIALS                    |
|   |  | 32. PAID BY        | 33. AMOUNT VERIFIED CORRECT FOR |

|   |  |                  |                        |
|---|--|------------------|------------------------|
| 36. I certify this account is correct and proper for payment.<br><br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____ | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL | 34. CHECK NUMBER | 35. BILL OF LADING NO. |
|---|--|------------------|------------------------|

|                 |                 |                              |                      |                     |                     |
|-----------------|-----------------|------------------------------|----------------------|---------------------|---------------------|
| 37. RECEIVED AT | 38. RECEIVED BY | 39. DATE RECEIVED (YYYYMMDD) | 40. TOTAL CONTAINERS | 41. S/R ACCOUNT NO. | 42. S/R VOUCHER NO. |
|-----------------|-----------------|------------------------------|----------------------|---------------------|---------------------|

NAME OF OFFEROR OR CONTRACTOR  
INTERNATIONAL CONSULTANTS INC

This is a firm fixed price task order to provide logistical support to the FORSCOM DCSLOG in support of the Contract Management Team Logistic Support Services. This task order incorporates logistical task areas 1, 2, 4 6, 9 and 10.

Performance period :

Base year        April 1, 2000 – August 31, 2000  
Option 1        September 1, 2000 – March 31, 2001

Place of performance: Government facility, Fort McPherson, GA 30330

Contractor shall invoice per schedule below:

**OBLIGATION RECAP:**

Block 25, DD Form 1155 reflects total value of the task order with option periods

Total Obligated: W33FYJ-0059-NJ06 \$403,183.73

**Invoicing Instructions:**

Invoicing against reimbursable Contract line items. The contractor shall submit documentation to fully supported the amount claimed for payment.

a. The **contractor** shall submit one “*copy*” of invoice vouchers, SF 1034, Public Voucher for Purchases and Services, to the primary task order monitor identified in the performance Work Statement. The contractor shall submit “*original*” and *one copy* to the Contracting Officer identified below. Contractor is authorized to submit partial payment. Invoice may be submitted no more often than each two week period.

b. The **task order monitor** may retain the “*copy*” invoice and will review and approve the vouchers (SF 1034) using the form at attachment 10a to the LOGJAMSS Ordering Guide. Vouchers (SF 1034) will then be sent to the Administrative contracting Officer at the address below. The Contracting Officer will certify SF 1034 for payment within the allowable timeframe established in the Prompt Payment Act as amended and submit to the designed paying office listed in the task order

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](mailto:williamk@forscom.army.mil)

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