

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF

8

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. DAKF11-99-D-0008-	2. DELIVERY ORDER/ CALL NO. 0017	3. DATE OF ORDER/CALL 2000Jun12	4. REQ./ PURCH. REQUEST NO. YMEAFX-0012-0020	5. PRIORITY
--	-------------------------------------	------------------------------------	---	-------------

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

9. CONTRACTOR EAGLE GROUP INTERNATIONAL INC JAMES P. GINN 3475 NORTH DESERT DRIVE BLDG 1 SUITE 100 ATLANTA GA 30344-5726	CODE 04ES5	FACILITY	10. DELIVER TO FOB POINT BY (Date) SEE SCHEDULE	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
			12. DISCOUNT TERMS	13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15

14. SHIP TO WALTER REED ARMY MEDICAL CENTER ATTN: DR DAVE KRISTO BLDG 2 ROOM 6445 WASHINGTON, DC 20307	CODE	15. PAYMENT WILL BE MADE BY DFAS SAN ANTONIO DFAS-SA-FPA ARMY VENDOR PAY 500 MCCULLOUGH AVENUE SAN ANTONIO, TX 78215-2100	CODE 00005570	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
--	------	--	------------------	--

16. TYPE OF ORDER	DELIVERY/ CALL	X	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		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)
--------------------	-----------	----------------------	------------------------

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
SEE 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 <i>Mary Anne Osborn</i> BY: Mary Anne Osborn CONTRACTING / ORDERING OFFICER	25. TOTAL \$154,291.79	29. DIFFERENCES
---	---	---------------------------	-----------------

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.	28. DO VOUCHER NO.	30. INITIALS
DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR

36. I certify this account is correct and proper for payment.	31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. CHECK NUMBER
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		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.
-----------------	-----------------	------------------------------	----------------------	---------------------	---------------------

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

This is a firm fixed price (FFP) task order to provide logistical support to the Pulmonary/Sleep Laboratory (WRAMC). This task order incorporates logistical task areas 1, 2, and 14.

Performance period : 12 Jun 2000 - 31 Dec 2000

Place of performance: Walter Reed Medical Center, Washington, D.C..

Contractor shall invoice per schedule below:

OBLIGATION RECAP:

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

Total Obligated: YMEAFX-0012-0020 \$154,291.79

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. Contractor is authorized to submit partial payment. Invoice may be submitted no more often than each two week period.

b. The **task order monitor** 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. SF 1034 will be processed within the allowable timeframe established in the Prompt Payment Act as amended.

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. .

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