

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187
Expires Jun 30, 1997

PAGE 1 OF 4

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.

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|--|--|-------------------------------|--|---|--|--|--|--------------------------------------|--|
| 1. CONTRACT / PURCH ORDER NO DAKF11-99-D-0008 | | 2. DELIVERY ORDER NO. 0004 | | 3. DATE OF ORDER 99SEP25 | | 4. REQUISITION / PURCH REQUEST NO. See Schedule | | 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 | | | | 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: 00002464 EAGLE GROUP INTERNATIONAL INC NAME AND ADDRESS BLDG 1 SUITE 100 3465 N DESERT DRIVE ATLANTA GA 30344 | | | | 10. DELIVER TO FOB POINT BY (Date) 02SEP19 | | 11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | | | |
| 14. SHIPTO SEE SCHEDULE FOR ADDRESS ATLANTA GA 30330-1096 | | | | 15. PAYMENT WILL BE MADE BY EFT: T | | 12. DISCOUNT TERMS 0% 000 Days Net 030 | | 13. MAIL INVOICES TO See Block 15 | |
| 16. OBLIGOR 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. PURCHASE <input type="checkbox"/> Reference your 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. | | | | 17. ACCOUNTING AND APPROPRIATION DATA / LOCAL USE See Block 19 | | Award Oblig Amt US\$ 435,000.00 | | | |

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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 FOR THE DEPARTMENT OF STATE FOR THE ANTHRAX VACCINE IMMUNIZATION PROGRAM PAYMENT VOUCHERS SHOULD BE SENT TO: US DEPT OF STATE OFFICE OF MEDICAL SERVICES ATTN: MARIA C. MELCHIORRE 2401 E STREET NW RM L216 | | | | | | | | | |
| 24. UNITED STATES OF AMERICA BY: MARY ANNE OSBORN S13 <i>Mary Anne Osborn</i> CONTRACTING / ORDERING OFFICER | | | | 25. TOTAL \$ 2999999.95 | | 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 DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ | | | | 27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 28. D.O. VOUCHER NO. | | 30. INITIALS | | 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 | | 32. PAID BY | | 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. | |

DD Form 1155, JUN 94

PREVIOUS EDITIONS MAY BE USED.

480/122

Schedule of Supplies/Services
Continued from Block 19, DD Form 1155
Invoicing Instructions

This is a cost plus fixed fee task order to support Department of State Anthrax Vaccination Program at Washington, DC and various CONUS locations and OCONUS Embassies.

Contractor shall invoice per the following instructions. Send ORIGINAL AND TWO SETS OF invoices to:

US DEPT OF STATE
OFFICE OF MEDICAL SERVICES
ATTN: MARIA C. MELCHIORRE
2401 E STREET NW RM L216
WASHINGTON DC 20522-0102

1. Cost proposal dated 29 JULY with revisions is hereby accepted and placed in the official file for this task order.

PERFORMANCE PERIODS:

| PERIOD | DATES |
|---------------|--------------------------|
| Base Period | 20 Sep 1999- 19 Sep 2000 |
| Option Year 1 | 20 Sep 2000- 19 Sep 2001 |
| Option Year 2 | 20 Sep 2001- 19 Sep 2002 |

2. Block 14, DD Form 1155: Ship TO:

UNITED STATES DEPARTMENT OF STATE
OFFICE OF MEDICAL SERVICES
5109 LEESBURG PIKE, SUITE 686
FALLS CHURCH, VIRGINIA 22041-3258

3. OBLIGATED FUND RECAP:

DAKF11-99-D-0008
Task Order 0004