

# ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved

OMB No. 0704-0187

Expires Jun 30, 1997

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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 DAKF11-99-D-0008		2. DELIVERY ORDER NO. 0006		3. DATE OF ORDER 99SEP27		4. REQUISITION / PURCH REQUEST NO. W81PNH-9270-8200		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 BLDG 1 SUITE 100 3465 N DESERT DRIVE ATLANTA GA 30344		10. DELIVER TO FOB POINT BY (Date) 00SEP28		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS 0% 000 Days Net 030		13. MAIL INVOICES TO See Block 15	
14. SHIP TO US ARMY RESERVE COMMAND ATTN AFRC IMH 1401 DESHLER STREET SW FORT MCPHERSON GA 30330-2000		15. PAYMENT WILL BE MADE BY DFAS INDIANAPOLIS 8899 EAST 56TH STREET DEPT 3809 INDIANAPOLIS IN 46249-3809		EFT: T		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input 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.							
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)			
<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 219208000000242400131R968F000252G005ADTW81PNH927082005ADT00S28013      Award Oblig Amt US\$      602,856.78									
18. ITEM NO.		19. SCHEDULE OF SUPPLIES / SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT
		Non Personal Services ILAP support and Disconnect/Reconnect Program for USARC  Base Period of Performance 29 Sep 99-28 Sep 00							
*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>			25. TOTAL \$ 1678169.50		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. D.O. VOUCHER NO.		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				<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. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				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.		

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

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This is a cost plus fixed fee task order to support the USARC ILAP Program and the Connect/Disconnect Program at Ft. McPherson, GA and various CONUS locations.

PAYING STATION:

DFAS INDIANAPOLIS  
8899 EAST 56<sup>TH</sup> STREET  
DEPT 3809  
INDIANAPOLIS, IN 46249-3809

1. Cost proposal dated 27 JULY with revisions is hereby accepted and placed in the official file for this task order.

PERFORMANCE PERIODS:

PERIOD	DATES
Base Period	29 Sep 1999- 28 Sep 2000
Option Year 1	29 Sep 2000- 28 Sep 2001
Option Year 2	20 Sep 2001- 28 Sep 2002

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

UNITED STATES ARMY RESERVE COMMAND  
ATTN AFRC IMH  
1401 DESHLER STREET SW  
FORT MCPHERSON, GEORGIA 30330-2000

3. OBLIGATED FUND RECAP:

a. Total value of the base plus two one year option periods is shown in Block 25, DD Form 1155.