ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO.	2. DELIVERY ORDER/ CALL NO.	3. DATE OF ORDER/CALL	4. REQ./ PURCH. REQUEST NO.	5. PRIORITY
DAKF11-99-D-0008-	0014	2000May26	HC0FCO-NSVC-0035	

6. ISSUED BY CODE DAKF11
ARMY ATLANTA CONTRACTING CENTER
1301 ANDERSON WAY SW
AFLG-PR

FORT MCPHERSON, GA 30330-1096

7. ADMINISTERED BY (if other than 6) CODE
SEE ITEM 6

8. DELIVERY FOB
[X] DEST
[ ] OTHER
(See Schedule if other)

9. CONTRACTOR CODE 04ES5 FACILITY
EAGLE GROUP INTERNATIONAL INC
JAMES P. GINN
3475 NORTH DESERT DRIVE
BLDG 1 SUITE 100
ATLANTA GA 30344-5726

10. DELIVER TO FOB POINT BY (Date) SEE SCHEDULE

11. MARK IF BUSINESS IS
[ ] SMALL
[ ] SMALL DISADVANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS

13. MAIL INVOICES TO THE ADDRESS IN BLOCK
See SCHEDULE

14. SHIP TO CODE
SEE SCHEDULE
ATTN:

15. PAYMENT WILL BE MADE BY CODE HQ0301
DFAS DEFENSE FINANCE AND ACCOUNTING SERVICE
ORLANDO
PO BOX 934400 2500 LEAHY

ORLANDO, FL 32893-4400

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 (YYYYMMMDD)

[ ] 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 quatity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle

24. UNITED STATES OF AMERICA
BY: Katherine E. Williams CONTRACTING / ORDERING OFFICER

25. TOTAL $68,921.68
29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ] INSPECTED [ ] RECEIVED [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

DATE | SIGNATURE OF AUTHORIZED GOVT. REP.

27. SHIP NO.
[ ] PARTIAL
[ ] 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.

DATE | SIGNATURE AND TITLE OF CERTIFYING OFFICER

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

34. CHECK NUMBER

35. BILL OF LADING NO.

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

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

This is a cost plus fixed fee task order to support Third Army HQ Financial Systems. Logistical support services include logistical task areas 1,and 3.

Contractor shall invoice per instructions in the schedule.

1. PERFORMANCE PERIODS:

PERIOD	DATES
Base Period	Jun 1, 2000 - May 31, 2001
Option One	Jun 1, 2001 - May 31, 2002
Option Two	Jun 1, 2002 - May 31, 2003

2. OBLIGATED FUND RECAP:

ACRN AA CLINs 0003, 0004 and 0005 are funded for total amount of $68,921.68.
Requisition No. HC0FCO-NSVC-0035

Option Years are subject to exercise and availability of funds.

3. INVOICING INSTRUCTIONS:

a. The contractor shall submit **original** plus one copy of invoice [SF 1034] Public Voucher for Purchases and Services, through their **cognizant DCAA to the Contracting Officer at address in Block 6.**

b. Submit one **"copy"** of the SF 1034 to the primary task order monitor as identified in the Performance Work Statement. Invoices shall not be submitted more often than once every two weeks.

Cost plus fixed fee award vouchers shall be submitted pursuant to FAR 52.216-7, and shall, as a minimum, include the following documentation:

a. The total price for the current billing period and the cumulative billed for the current fiscal year. These costs shall be shown by CLIN or sub-CLIN level.

b. Include supporting documentation, by CLIN, for amounts invoiced. Supporting documentation must be broke-out in detail to substantiate the total amount requested for reimbursement.

c. Travel costs shall be broken out by occurrence, with itinerary, dates of travel, number and category of employee travel, per diem costs, transportation costs. Include the government approval with supporting documentation. Travel shall be in accordance with FAR part 31.205-46 and per diem rates will be in accordance with the Joint Travel Regulation.

d. The contractor shall submit proposed final indirect cost rates and completion [FINAL] voucher in accordance with FAR 52.216-7 and the instructions contained in award at G.3, paragraph B.

e. **The task order monitor** will send the Contracting Officer the Invoice Review and Approval (Attachment 10 of the Ordering Guide) at address in Block 6 via fastest method within five days of receipt. The Contracting Officer