

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF

12

| | | | | |
|--|--|---|--|-------------|
| 1. CONTRACT/PURCH ORDER/ AGREEMENT NO. DAKF11-99-D-0012- | 2. DELIVERY ORDER/ CALL NO. 0012 | 3. DATE OF ORDER/CALL 2000Oct01 | 4. REQ./ PURCH. REQUEST NO. MIPR1A-DIV0-0008 | 5. PRIORITY |
|--|--|---|--|-------------|

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

| | | | | |
|--|-------------------|----------|---|---|
| 9. CONTRACTOR LEAR SIEGLER SERVICES, INC DAVE CAROTHERS 175 ADMIRAL COCHRAN DRIVE ANNAPOLIS MD 21401 | CODE 08MB5 | 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 Schedule | | | | |

| | | | | |
|--|------------------------|--|--------------------|--|
| 14. SHIP TO DCSLOG DEPUTY CHIEF OF STAFF FOR LOGISTICS ATTN: DAVID C. GRASS BUILDING 2910 FORT STEWART, GA 31314 | CODE AFLG-FMMC- | 15. PAYMENT WILL BE MADE BY DFAS DEFENSE FINANCE AND ACCOUNTING SERVICE 325 BROOKS ROAD ROME, NY 13441-4527 | CODE S44008 | 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 | | 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 \$1,411,239.00 | 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 GOVT. REP. _____ | 27. SHIP NO. | 28. DO VOUCHER NO. | 30. INITIALS |
| | <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 | 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 cost plus fixed fee task order support the 3ID Organizational Contract Augmentation Teams (OCAT). Logistical support services include logistical task areas 1, 14, and 16.

Contractor shall invoice per instructions in the schedule.

1. PERFORMANCE PERIODS:

| PERIOD | DATES |
|-----------------|--------------------------|
| Base Period | 1 Oct 2000 – 30 Sep 2001 |
| Option Period 1 | 1 Oct 2001 – 31 May 2002 |
| | |
| | |
| | |

2. OBLIGATED FUND RECAP:

ACRN AA CLINs 0003, 0004 and 0005 are funded for total amount of \$1,411,239.00
Requisition No. MIPR1A-DIV0-0008

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

will certify services on SF 1034 and send to the paying office 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

f. Payment will be made by the Defense Finance and Accounting Office as shown in the address for payment – See Block 15, DD Form 1155.

Attachments or Exhibits:

1. Task Order Format with Performance Work Statement (PWS)