

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> W56HZV-04-A-0005	<b>2. DELIVERY ORDER/CALL NO.</b> 0004	<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2004SEP10	<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE	<b>5. PRIORITY</b> DOA4
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<b>6. ISSUED BY</b> TACOM WARREN AMSTA-AQ-AHLC KATHLEEN PAPPAGEORGE (586)574-8054 WARREN, MICHIGAN 48397-5000 EMAIL: PAPPAGEK@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL	<b>CODE</b> W56HZV	<b>7. ADMINISTERED BY (if other than 6)</b> DCMA HUNTSVILLE BIRMINGHAM GROUP BURGER PHILLIPS CENTER 1910 THIRD AVE. NORTH, RM 201 BIRMINGHAM, AL 35203-2376	<b>CODE</b> S0101A	<b>8. DELIVERY FOB</b> <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)
		<b>SCD: C</b>	<b>PAS: NONE</b>	<b>ADP PT: HQ0338</b>

<b>9. CONTRACTOR</b> SVERDRUP TECHNOLOGY, INC. 2010 LEWIS TURNER BLVD FORT WALTON BEACH, FL. 32547-1352  NAME AND ADDRESS  TYPE BUSINESS: Other Small Business Performing in U.S.	<b>CODE</b> 7W309	<b>FACILITY</b>	<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE	<b>11. X IF BUSINESS IS</b> <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED
			<b>12. DISCOUNT TERMS</b>	<b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b> See Block 15

<b>14. SHIP TO</b> SEE SCHEDULE	<b>CODE</b>	<b>15. PAYMENT WILL BE MADE BY</b> DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS, OH 43218-2264	<b>CODE</b> HQ0338	<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b>
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<b>16. TYPE OF ORDER</b>	<b>DELIVERY/ CALL</b>	<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.
	<b>PURCHASE</b>		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, 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)
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:			

<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE
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18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	SEE SCHEDULE CONTRACT TYPE: Time-and-Materiels  KIND OF CONTRACT: Service Contracts				

* 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.	<b>24. UNITED STATES OF AMERICA</b> JUDITH K. BUSHA /SIGNED/ BUSHAJ@TACOM.ARMY.MIL (586)574-7041 BY: _____ CONTRACTING/ORDERING OFFICER	<b>25. TOTAL</b>	\$107,550.30
		<b>26. DIFFERENCES</b>	

**27a. QUANTITY IN COLUMN 20 HAS BEEN**  
 INSPECTED     RECEIVED     ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED

<b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>	<b>c. DATE (YYYYMMDD)</b>	<b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>
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<b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>	<b>28. SHIP. NO.</b>	<b>29. D.O. VOUCHER NO.</b>	<b>30. INITIALS</b>
	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	<b>32. PAID BY</b>	<b>33. AMOUNT VERIFIED CORRECT FOR</b>

<b>f. TELEPHONE NUMBER</b>	<b>g. E-MAIL ADDRESS</b>	<b>31. PAYMENT</b>	<b>34. CHECK NUMBER</b>
		<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	

<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>			
<b>a. DATE (YYYYMMDD)</b>	<b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>		
		<b>35. BILL OF LADING NO.</b>	

<b>37. RECEIVED AT</b>	<b>38. RECEIVED BY (Print)</b>	<b>39. DATE RECEIVED (YYYYMMDD)</b>	<b>40. TOTAL CONTAINERS</b>	<b>41. S/R ACCOUNT NUMBER</b>	<b>42. S/R VOUCHER NO.</b>
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**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 5**

PIIN/SIIN W56HZV-04-A-0005/0004

MOD/AMD

**Name of Offeror or Contractor:** SVERDRUP TECHNOLOGY, INC.

## SUPPLEMENTAL INFORMATION

PROGRAM: OMNIBUS PROGRAM & ENGINEERING SUPPORT SERVICES

CONTRACT: W56HZV-04-A-0005/0004

PURPOSE: To provide Information technology Support to PM UA.

PRIOR CONTRACT AMOUNT: \$246,085.80

AMOUNT OF THIS ACTION: \$107,550.30

REVISED CONTRACT AMOUNT: \$353,636.10

1. This action is order number 0004 under Blanket Purchase Agreement (BPA) W56HZV-04-A-0005 issued pursuant to General Services GS-23F-0111K.
2. The purpose of this order is to provide Information Technology support to the PM UA Command Group staff in St. Louis, MO.
3. The contractor shall perform this order 0004 in accordance with the Scope of Work in Section C and Work Directive JS-004-02.
4. The period of performance is from date of award through 10 September 2005.
5. This is a unilateral order for 2,121 man-hours level of effort, awarded on a Time and Materials basis in the amount of \$107,550.80.

## 6. PAYMENT

The contractor shall submit monthly invoices for payment for work performed in the previous month. The Contracting Officer's Technical Representative (COTR) will certify each voucher before payment.

## 7. INVOICE INSTRUCTIONS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract. On each billing document prepared by the contractor, the CLIN/subCLIN applicable to that billing shall be specified. Where there is one ACRN applicable to the particular CLIN/subCLIN being billed, the ACRN shall be specified as well.

## 8. PAYMENT INSTRUCTIONS FOR DFAS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract:

a. The paying office shall pay each invoice only with the funds obligated under the CLIN/subCLIN specified on the voucher.

b. Payments shall be made first from the oldest funds by fiscal year applicable to each individual CLIN. The oldest funds shall be disbursed in their entirety before proceeding to disburse the next ACRN.

\*\*\* END OF NARRATIVE A 001 \*\*\*

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN W56HZV-04-A-0005/0004 MOD/AMD

Name of Offeror or Contractor: SVERDRUP TECHNOLOGY, INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT						
	SUPPLIES OR SERVICES AND PRICES/COSTS										
0001	SECURITY CLASS: Unclassified										
0001AA	<p>SERVICES LINE ITEM</p> <p>NOUN: PMO-SETA JACOBS-SVER IT SPT            PRON: BU4GFFE5BU PRON AMD: 01 ACRN: AA            AMS CD: 654645F5700</p> <p>NOUN: PM UA Information Technology support</p> <p>LEVEL OF EFFORT: 2,121 hours</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u>            INSPECTION: Destination ACCEPTANCE: Destination</p> <p><u>Deliveries or Performance</u></p> <table border="0"> <tr> <td>DLVR SCH</td> <td>PERF COMPL</td> </tr> <tr> <td><u>REL CD</u>      <u>QUANTITY</u></td> <td><u>DATE</u></td> </tr> <tr> <td>001              0</td> <td>10-SEP-2005</td> </tr> </table> <p style="text-align: right;">\$ 107,550.30</p>	DLVR SCH	PERF COMPL	<u>REL CD</u> <u>QUANTITY</u>	<u>DATE</u>	001              0	10-SEP-2005		HR		\$ 107,550.30
DLVR SCH	PERF COMPL										
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<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> W56HZV-04-A-0005/0004 <b>MOD/AMD</b>	<b>Page</b> 4 <b>of</b> 5
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**Name of Offeror or Contractor:** SVERDRUP TECHNOLOGY, INC.

DELIVERIES OR PERFORMANCE

The period of performance for the work set forth in JS-004-00 is date of award through 10 September 2005.

\*\*\* END OF NARRATIVE F 001 \*\*\*

