

**ORDER FOR SUPPLIES OR SERVICES**

*(Contractor must submit four copies of invoice.)*

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

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. <b>H92222-05-D-0017</b>		2. DELIVERY ORDER NO. <b>0017</b>		3. DATE OF ORDER <b>21 Jun 2006</b>		4. REQUISITION/PURCH REQUEST NO. <b>See Page 2</b>		5. PRIORITY <b>DO A70</b>	
6. ISSUED BY <b>U.S. SPECIAL OPERATIONS COMMAND DIRECTORATE OF PROCUREMENT/SOAL-KB 7701 TAMPA POINT BLVD MACDILL AFB, FL 33621-5316</b>			7. ADMINISTERED BY (if other than 6) <b>DCMA Virginia DCMA -GVD 10500 Battlevieview Pkwy Manassas VA 20109</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST  OTHER <small>(See Schedule if other)</small>		9. CONTRACTOR <b>iGov Technologies, Inc.</b>		
10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>See Page 2</b>			11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN OWNED		12. DISCOUNT TERMS		13. MAIL INVOICES TO See Section G		
14. SHIP TO <b>See Page 2</b>			15. PAYMENT WILL BE MADE BY <b>DFAS - Columbus Center South Entitlement Operations P O Box 182264 COLUMBUS OH 43218-2264  Columbus OH 43218-2264</b>		16. MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		17. MAIL INVOICES TO See Section G		

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)		If this box is marked, supplier must sign Acceptance and return the following number of copies.		

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  
**See Page 2**

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	<b>SEE PAGE 2</b>				

*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	25. TOTAL	<b>\$170,681.68</b>
BY	(b)(6)	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		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. CHECK NUMBER	35. BILL OF LADING NO.
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.

37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
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**Section B - Supplies or Services and Prices**

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0014AB	PROVISIONING/COMPONENT PARTS FFP	(b)(4)			\$145,326.48
Contractor shall provide the component parts listed on Attachment 1.					
FOB: Destination					
<b>TOTAL PRICE</b>					<b>\$145,326.48</b>
ACRN AA F2VUC6146A100 \$145,326.48					

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0021AA	Commercial Training FFP	(b)(4)			\$25,355.20
Contractor shall provide the Commercial Training listed on Attachment 1.					
FOB: Destination					
<b>TOTAL PRICE</b>					<b>\$25,355.20</b>
ACRN AA F2VUC6146A100 \$25,355.20					

**Section E - Inspection and Acceptance**

**INSPECTION AND ACCEPTANCE TERMS**

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0014AB	Destination	Government	Destination	Government
0021AA	Destination	Government	Destination	Government

**Section F - Deliveries or Performance**

**DELIVERY INFORMATION**

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0014AB	2 weeks ARO	(b)(4)	See Attachment 1	See Attachment 1
0021AA	30 Sep 2006	(b)(4)	See Attachment 1	See Attachment 1

**Section G - Contract Administration Data**

**ACCOUNTING AND APPROPRIATION DATA**

**ACRN AA:** 9760100.56SF SC6 52S4 V4CA26 010000 59200 013432 50300 F0300 \$170,681.68  
**ALD:** AA **FSR:** 006532 **PSR:** 301228 **DSR:** 278777

CLIN 0014AB ACRN AA F2VUC6146A100 \$145,326.48  
CLIN 0021AA ACRN AA F2VUC6146A100 \$ 25,355.20

**Points of Contact**

**CONTRACTING OFFICER:**

Ed More  
HQ USSOCOM/SOAL-KB  
7701 Tampa Point BLVD.  
MacDill AFB, FL 33621-5323  
Phone: (813) 281-0560 X277  
Fax: (813) 281-2658  
E-mail: moree@socom.mil

**CONTRACT SPECIALIST:**

Zoe Sargent  
HQ USSOCOM/SOAL-KB  
7701 Tampa Point BLVD.  
MacDill AFB, FL 33621-5323  
Phone: (813) 281-0560 X479  
Fax: (813) 281-2658  
E-mail: sargenz@socom.mil

**TECHNICAL REPRESENTATIVE (COR)/ REQUESTING ACTIVITY (RAO):**

(b)(3) 10 USC 130b, (b)(6)

5850 West Cypress  
Tampa, FL 33607

Phone: (b)(3) 10 USC 130b, (b)(6)

Fax: (b)(3) 10 USC 130b, (b)(6)

E-mail: (b)(3) 10 USC 130b, (b)(6)

**DCMA:**

DCMA Virginia  
DCMA -GVD

(b)(6)

10500 Battleview Pkwy  
Manassas VA 20109

Phone: (703) 530-3188

FAX: (703) 530-3102

E-Mail: (b)(6)

<u>DESCRIPTION/PART #</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>TOTAL PRICE</u>
<b>CLIN 0014AB</b> PC Card, P/N HG-SL-2100	(b)(4)		\$ 10,550.94
<b>DELIVER ABOVE ITEMS TO:</b> (b)(3) 10 USC 130b, (b)(6) Naval Special Warfare Group One 3632 Guadalcanal Road San Diego CA 92155	UIC 199814		
RDK Kits IGT-0004	(b)(4)		\$ 134,775.54
<b>DELIVER ABOVE ITEMS TO:</b> USSOCOM/SOAL/PEO-IIS-SDE Attn: (b)(3) 10 USC 130b, (b)(6) 5850 West Cypress Street Tampa, FL 33607	UIC F2VUC0		
			<b>TOTAL</b> CLIN 0014AB \$ 145,326.48
<b>CLIN 0021</b> Training, HG-SL-SRV-B	(b)(4)		\$ 25,355.20
<b>DELIVER ABOVE ITEMS TO:</b> (b)(3) 10 USC 130b, (b)(6) Naval Special Warfare Group One 3632 Guadalcanal Road San Diego CA 92155	UIC 199814		
			<b>TOTAL</b> CLIN 0021 \$25,355.20