

**ORDER FOR SUPPLIES OR SERVICES**

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

PAGE 1 OF 3

(Contractor must submit four copies of invoice.)

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>0018</b>		3. DATE OF ORDER <b>2 Aug 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 Battlevue 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>				FACILITY CODE		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	
NAME AND ADDRESS <b>8200 Greensboro Drive, Suite 200 McLean VA 22102-4923 DUNS: 16788-181</b>				TEL: <b>(703) 356-1160</b> FAX: <b>(703) 356-2023</b>		12. DISCOUNT TERMS			
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>		13. MAIL INVOICES TO See Section G <b>HQ0338</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF ORDER		DELIVERY <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.					
		PURCHASE		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 <b>See Page 2</b>									
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. BY	(b)(6)			25. TOTAL		<b>\$ 438,469.21</b>	
26. QUANTITY IN COLUMN 20 HAS BEEN		27. SHIP NO.			28. D.O VOUCHER NO.		30. INITIALS		
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT					34. CHECK NUMBER		
		<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL					35. BILL OF LADING NO.		
36. I certify this account is correct and proper for payment									
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS	
								41. S/R ACCOUNT NUMBER	
								42. S/R VOUCHER NO.	

**Section B - Supplies or Services and Prices**

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0014AB	PROVISIONING/COMPONENT PARTS FFP	(b)(4)			\$438,469.21
	Contractor shall provide the component parts listed on Attachment 1.				
	FOB: Destination				
				<b>TOTAL PRICE</b>	<b>\$438,469.21</b>
	ACRN AA F2VUC06125A100 \$438,469.21				

**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

**Section F - Deliveries or Performance**

**DELIVERY INFORMATION**

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0014AB	2 weeks ARO	(b)(4)	Bayside Support Facility (b)(3) 10 USC 130b, (b)(6) 5690B West Cypress Tampa FL 33607	N4541A
			Phone: 813-286-2911 X4246	

**Section G - Contract Administration Data**

**ACCOUNTING AND APPROPRIATION DATA**

ACRN AA: 9760300.56SF SD6 52S4 545000 0CE060 00000 000000 503000 F03000  
ALD: AA FSR: 031954 PSR: I31680 DSR: 028653

F2VUC06125A100 \$438,469.21

**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)

Part No.	Nomenclature	QTY	Unit Price	Total Price
300875	1TB Lacie Bigger Disk 7200RPM Triple	(b)(4)		\$9,937.48
9555A002	Canon LiDE 500F Flatbed Scanner			\$604.65
961398-0403	Logitech Quickcam Pro Notebook Web Camera			\$5,855.50
980369-0403	Logitech Premium Stereo Headset			\$961.80
C9067A#B1H	HP DeskJet 3930 Printer			\$715.68
CF-51QFVDEBM	Panasonic CF-51 Toughbook Laptops M760			\$326,928.84
CF-K18HD6041	CF-18Harddrive			\$2,820.00
CF-VHDR800GB	80GB Hard Drive fo CF51			\$56,113.20
V11H201020	Epson Powerlite 750c LCD Projector			\$12,927.80
WS-C2940-8TT-S	Cisco Catalyst 2940 Switch			\$11,238.57
CON-SNT-PKG5	MAINTENANCE 1YR NBD 8X5			\$7,099.47
C9351AN	Cartridge Black HP21			\$1,431.36
C9352AN	Cartridge Color HP22			\$1,431.36
F3U13316GLD	16FT USB AB Device Gold USB A to USB B 20/28 AWG			\$403.50

TOTAL DOLLAR AMOUNT

**\$ 438,469.21**