

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. H92222-05-D-0017		2. DELIVERY ORDER NO. 0020		3. DATE OF ORDER 8 Aug 2006		4. REQUISITION/PURCH REQUEST NO. See Page 2		5. PRIORITY DO A70	
6. ISSUED BY U.S. SPECIAL OPERATIONS COMMAND DIRECTORATE OF PROCUREMENT/SOAL-KB 7701 TAMPA POINT BLVD MACDILL AFB, FL 33621-5316			7. ADMINISTERED BY (if other than 6) DCMA Virginia DCMA -GVD 10500 Battleview Pkwy Manassas VA 20109		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST OTHER <small>(See Schedule if other)</small>				
9. CONTRACTOR iGov Technologies, Inc.			FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) See Page 2		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN OWNED		
NAME AND ADDRESS 8200 Greensboro Drive, Suite 200 McLean VA 22102-4923 DUNS: 16788-181			TEL: (703) 356-1160 FAX: (703) 356-2023		12. DISCOUNT TERMS		13. MAIL INVOICES TO See Section G		
14. SHIP TO See Page 2			15. PAYMENT WILL BE MADE BY DFAS - Columbus Center South Entitlement Operations P O Box 182264 COLUMBUS OH 43218-2264		16. MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER				
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)
<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 See Page 2									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
	SEE PAGE 2								
*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 BY (b)(6)		25. TOTAL		\$16,484.22	
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 DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		31. PAYMENT		34. CHECK NUMBER	
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		(b)(4)			\$16,484.22

Provisioning
FFP

The contractor shall provide the following
Component Parts, IAW SOW paragraph
3.2.4.2 and CDRL ILS0003:

ITEM:

(b)(4) ea LaCie Slim DVD+/-RW, P/N 300819U
@ (b)(4) ea.

FOB: Destination

TOTAL PRICE \$16,484.22

ACRN AA: F2VUD06209A100

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	QTY	SHIP TO ADDRESS	UIC
0014AB	2 weeks after receipt of order	(b)(4)	Special Operations Forces Activity (SOFSA) (SOFSA) 5749 Briar Hill Road Bldg 221, Door 12, (b)(3) 10 USC 130b, (b)(6) Attn: ESP Lexington KY 45016 Phone: (b)(3) 10 USC 130b, (b)(6)	DJ7511

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

ACRN AA: 9740300.56SF SD4 52SS 52M000 0LG060 00000 000000 667100 F67100
ALD: AA FSR: 011915 PSR: 253024 DSR: 1600399

F2VUD006209A100 \$16,484.22

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) 281-0678
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) 281-0678
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)