

# ORDER FOR SUPPLIES OR SERVICES

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1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. HQ0147-12-D-0003		2. DELIVERY ORDER/ CALL NO. 001445		3. DATE OF ORDER/ CALL (YYYYMMDD) 2016 Apr 06		4. REQ./ PURCH. REQUEST NO. See Schedule		5. PRIORITY	
6. ISSUED BY MISSILE DEFENSE AGENCY (MDA) CONTRACTS DIRECTORATE BLDG 5222 MARTIN RD REDSTONE ARSENAL AL 35898-0001				7. ADMINISTERED BY (if other than 6) DCMA DENVER P.O. BOX 25586 DENVER CO 80225-0586		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER  (See Schedule if other)			
9. CONTRACTOR NAME LOCKHEED MARTIN CORPORATION AND SANDRA HUTCHES ADDRESS 9970 FEDERAL DR COLORADO SPRINGS CO 80921-3616		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>		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 Item 15									
14. SHIP TO <b>SEE SCHEDULE</b>		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS P.O. BOX 182381 COLUMBUS OH 43218-2381				16. 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 Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
PURCHASE	<input type="checkbox"/>	Reference your quote dated Furnish the following on terms specified herein. REF:							
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 checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: <b>1</b>									
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE <b>See Schedule</b>									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES			20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE		23. AMOUNT	
<b>SEE SCHEDULE</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	TEL: (b)(6)	EMAI (b)(6)	BY: (b)(6)	CONTRACTING / ORDERING OFFICER	25. TOTAL	(b)(4)		
26. DIFFERENCES									
27a. 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									
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE				28. SHIP NO.	29. DO VOUCHER NO.	30. INITIALS			
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS		<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		
a. DATE (YYYYMMDD)	b. SIGNATURE AND TITLE OF CERTIFYING OFFICER					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 B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0010	Contract Data Requirements List COST Contractor shall deliver CDRLs in accordance with Exhibit A, DD Form 1423 and Task Order Statement of Work (SOW). Specific CDRLs for this task order are identified in the Statement of Work (SOW). FOB: Destination	1	Lot		NSP
				ESTIMATED COST	(b)(4)

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0101	Materials CPFF Material purchases required in support of the Statement of Work (SOW) as described in Attachment 1. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147651991	(b)(4)	Cost	\$1.00	(b)(4)
				ESTIMATED COST	(b)(4)
				FIXED FEE	
				TOTAL EST COST + FEE	

FSC CD: 7010

ITEM NO	ACRN	FUNDED AMOUNT
010101	ACRN AA	(b)(4)

PURCHASE REQUEST NUMBER: HQ0147651991

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010102	IF ACRN AG PURCHASE REQUEST NUMBER: HQ0147653985	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010103	Incremental Funding ACRN AM PURCHASE REQUEST NUMBER: HQ0147756062	(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
010104	Incremental Funding CLIN 0101 CPFF PURCHASE REQUEST NUMBER: HQ0147756062-0001				(b)(4)
	ACRN AN CIN: HQ01477560620002			ESTIMATED COST	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010105	Incremental Funding CLIN 0101	
	ACRN AQ	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147757218	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010106	Incremental Funding CLIN 0101	
	ACRN AX	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147754382-0004	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010107	Incremental Funding CLIN 0101	
	ACRN BF	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147860731	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010108	Incremental Funding CLIN 0101	
	ACRN BM	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147860731-0001	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0201	S8.2-3 Operational Software CPIF	(b)(4)	Cost	\$1.00	(b)(4)
	Development requirements for the S8.2-3 Operational Software associated to this CLIN as defined in the Statement of Work (SOW), Attachment 1, Sections 3.0, 4.1, 4.3, 4.5, 4.6, 4.7, 4.9, 4.9.1, and 4.9.2.				
	FOB: Destination				
	PURCHASE REQUEST NUMBER: HQ0147651991				
				TARGET COST	(b)(4)
				TARGET FEE	
				TOTAL TGT COST + FEE	
				MINIMUM FEE	
				MAXIMUM FEE	
				SHARE RATIO ABOVE TARGET	
				SHARE RATIO BELOW TARGET	

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020101	Incremental Funding CLIN 0201	
	ACRN AA	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147651991	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020102	Incremental Funding CLIN 0201	
	ACRN AJ	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147754382	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020103	Incremental Funding CLIN 0201	
	ACRN AF	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147755697	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020104	Incremental Funding CLIN 0201	
	ACRN AS	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147756062-0006	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020105	Incremental Funding CLIN 0201	
	ACRN AW	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147756062-0006	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020106	Incremental Funding - CLIN 0201	
	ACRN BD	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147651991-0005	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020107	SD Project Funding CLIN 0201	
	ACRN BJ	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147860664	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020108	ATR Funding CLIN 0201	
	ACRN BN	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147861846	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0202	Planner Software CPIF	(b)(4)	Cost	\$1.00	(b)(4)
	Development requirements for the Planner Software associated to this CLIN as defined in the Statement of Work (SOW), Attachment 1. Requirements include Sections 3.0, 4.14, 4.1.12.1, 4.1.12.4, 4.1.18 and 4.2.				
	FOB: Destination				
	PURCHASE REQUEST NUMBER: HQ0147651991				
				TARGET COST	(b)(4)
				TARGET FEE	
				TOTAL TGT COST + FEE	
				MINIMUM FEE	
				MAXIMUM FEE	
				SHARE RATIO ABOVE TARGET	
				SHARE RATIO BELOW TARGET	

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020201	Incremental Funding CLIN 0202	
	ACRN AA	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147651991	



ITEM NO	SUPPLIES/SERVICES	AMOUNT
020202	Incremental Funding	
	ACRN AC	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147652349	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020203	Incremental Funding	
	ACRN AL	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147755273	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020204	Incremental Funding	
	ACRN BL	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147860667	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020205	Incremental Funding	
	ACRN BP	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147860664-0001	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0203	BMDS C2BMC Model CPIF	(b)(4)	Cost	\$1.00	(b)(4)
	Requirements for the BMDS C2BMC Model associated to this CLIN as defined in the Statement of Work (SOW), Attachment 1. Requirements include Sections 3.0, 4.14, 4.9.3 and 4.9.4.				
	FOB: Destination				
	PURCHASE REQUEST NUMBER: HQ0147651991				
				TARGET COST	(b)(4)
				TARGET FEE	
				TOTAL TGT COST + FEE	
				MINIMUM FEE	
				MAXIMUM FEE	
				SHARE RATIO ABOVE TARGET	
				SHARE RATIO BELOW TARGET	

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020301	Incremental Funding CLIN 0203	
	ACRN AA	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147651991	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020302	Incremental Funding	
	ACRN AC	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147652349	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020303	CLIN 0203 - Incremental Funding	
	ACRN AF	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147653567	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020304	CLIN 0203 - Incremental Funding	
	ACRN AU	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147757218-0001	

