

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. HQ0147-12-D-0003	2. DELIVERY ORDER/ CALL NO. 001524	3. DATE OF ORDER/ CALL (YYYYMMDD) 2016 Jul 01	4. REQ./ PURCH. REQUEST NO. See Schedule	5. PRIORITY
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6. ISSUED BY MISSILE DEFENSE AGENCY (MDA) CONTRACTS DIRECTORATE BLDG 5222 MARTIN RD REDSTONE ARSENAL AL 35898-0001	CODE HQ0147	7. ADMINISTERED BY (if other than 6) DCMA DENVER DENVER FEDERAL CENTER BLDG 16 6TH AVE AND KIPLING ST P.O. BOX 25586 DENVER CO 80225-0586	CODE S0602A	8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)
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9. CONTRACTOR LOCKHEED MARTIN CORPORATION 9970 FEDERAL DR COLORADO SPRINGS CO 80921-3616	CODE 7LW38	FACILITY	10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
NAME AND ADDRESS			12. DISCOUNT TERMS	13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15

14. SHIP TO MISSILE DEFENSE AGENCY (MDA) (b)(6) BLDG 5222 MARTIN RD REDSTONE ARSENAL AL 35898-0001	CODE HQ0147	15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS P.O. BOX 182381 COLUMBUS OH 43218-2381	CODE HQ0339	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
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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: 1			

17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE

See Schedule

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

* 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) EMA: (b)(6) BY: (b)(6)	25. TOTAL (b)(4)	26. DIFFERENCES
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27a. QUANTITY IN COLUMN 20 HAS BEEN

INSPECTED RECEIVED 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
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e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	28. SHIP NO.	29. DO VOUCHER NO.	30. INITIALS
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f. TELEPHONE NUMBER	g. E-MAIL ADDRESS	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR
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36. I certify this account is correct and proper for payment.

a. DATE (YYYYMMDD)	b. SIGNATURE AND TITLE OF CERTIFYING OFFICER
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31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. CHECK NUMBER
	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.
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Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	AMOUNT
080105	CLIN 0801 - Incremental Funding	
	ACRN AZ	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147862127	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040120	CLIN 0401 - Incremental Funding	
	ACRN AY	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147862127	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040119	CLIN 0401 - Incremental Funding	
	ACRN AX	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147861935	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0010	Contract Data Requirements List COST Data to be delivered under this contract as cited in Exhibit A, Section J. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147652602	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: HQ0147652602	(b)(4)	Cost	\$1.00	(b)(4)
				ESTIMATED COST FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

FSC CD: 7010

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010101	CLIN 0101 - Incremental Funding ACRN AC PURCHASE REQUEST NUMBER: HQ0147652602	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010102	Incremental Funding - 0101	
	ACRN AR	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147755006-0004	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0401	Test & Integration Labor CPFF	(b)(4)	Hours		(b)(4)
	Perform Test & Integration as defined in the Statement of Work (SOW). Recognizing that this task order is a term form within the meaning of FAR 16.306(d)(2), the contractor shall provide a level of effort within a range of not less than (b)(4) nor more than (b)(4) without exceeding the cost constraints established in this CLIN in order to earn the full fixed fee. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147652602				
				ESTIMATED COST FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040101	CLIN 0401 - Incremental Funding	
	ACRN AA	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147652602	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040102	Incremental Funding CLIN 0401	
	ACRN AD	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147653767	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040103	Incremental Funding CLIN 0401-DV Funding	
	ACRN AF	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147754305	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040104	Incremental Funding	
	ACRN AG	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147755006	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040105	CLIN 0401 - IF DV Support	
	ACRN AH	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147756332	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040106	CLIN 0401 - IF - DV Support	
	ACRN AD	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147756348	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040107	CLIN 0401 - IF - DV Support	
	ACRN AJ	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147756348	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040108	CLIN 0401 - IF - DV Support	
	ACRN AK	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147756348	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040109	CLIN 0401 - Incremental Funding	
	ACRN AL	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147756684	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040110	CLIN 0401 - Incremental Funding ACRN AN PURCHASE REQUEST NUMBER: HQ0147757004	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040111	CLIN 0401 - Incremental Funding ACRN AP PURCHASE REQUEST NUMBER: HQ0147757459	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040112	Incremental Funding CLIN 0401 ACRN AS PURCHASE REQUEST NUMBER: HQ0147755006-0005	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040113	Incremental Funding CLIN 0401 ACRN AT PURCHASE REQUEST NUMBER: HQ0147759309	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040114	Incremental Funding CLIN 0401 ACRN AP PURCHASE REQUEST NUMBER: HQ0147759309	(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
040115	Incremental funding CPFF PURCHASE REQUEST NUMBER: HQ0147755006-0007				(b)(4)
				ESTIMATED COST FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	
	ACRN AU CIN: HQ01477550060005				

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040116	Incremental Funding - MDA/DT support ACRN AT PURCHASE REQUEST NUMBER: HQ0147759699	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040117	Incremental Funding Special Programs	
	ACRN AV	(b)(4)
	PURCHASE REQUEST NUMBER: DO9KDS70314	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040118	Incremental Funding CLIN 0401	
	ACRN AW	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147755006-0009	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0801	Other Direct Costs (ODC) COST	(b)(4)	Cost	\$1.00	(b)(4)
	<p>The Contractor is not entitled to fee on ODCs such as travel, costs associated to repatriate and expatriate expenses as well as non-fee bearing materials as negotiated. Travel costs shall be in accordance with FAR Part 31.205-46. In calculating fee under separate CLINs, these costs shall be excluded from the Contractor's total cost pool. These limitations shall be flowed down to all subcontractors. This CLIN also applies to travel associated to Special Studies/Special Emphasis Projects that may be funded by an outside agency.</p> <p>FOB: Destination</p> <p>PURCHASE REQUEST NUMBER: HQ0147652602</p>				
				ESTIMATED COST	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
080101	CLIN 0801 - Incremental Funding	
	ACRN AB	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147652602	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
080102	CLIN 0801 Incremental Funding	
	ACRN AE	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147652602-0003	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
080103	CLIN 0801 - Incremental Funding	
	ACRN AM	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147755006-0002	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
080104	CLIN 0801 - Incremental Funding	
	ACRN AQ	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147757459	

