

# ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. HQ0147-12-D-0003	2. DELIVERY ORDER/ CALL NO. HQ014718F7002P00005	3. DATE OF ORDER/ CALL (YYYYMMDD) 2017 Dec 15	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 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 NAME AND ADDRESS LOCKHEED MARTIN CORPORATION 9970 FEDERAL DR COLORADO SPRINGS CO 80921-3616	CODE 7LW38	FACILITY	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>	CODE	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: <b>1</b>			

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
<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 TELEPHONE NO. (b)(6) E-MAIL ADDRESS (b)(6) BY: _____ CONTRACTING / ORDERING OFFICER	25. TOTAL (b)(4)
		26. DIFFERENCES

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
f. TELEPHONE NUMBER	g. E-MAIL ADDRESS		32. PAID BY
			33. AMOUNT VERIFIED CORRECT FOR

<b>36. I certify this account is correct and proper for payment.</b>			
a. DATE (YYYYMMDD)	b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		
		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	QUANTITY	UNIT	UNIT PRICE	AMOUNT NSP
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: HQ0147862227	1	Lot		

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: HQ0147862227	1	Kit		(b)(4)
				ESTIMATED COST	(b)(4)
				FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

FSC CD: 7010

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010101	Incremental Funding CLIN 0101  ACRN AB  PURCHASE REQUEST NUMBER: HQ0147862227	(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0201	Deployment CPFF Deployment performance as defined in the Statement of Work (SOW) described in Attachment 1 of this Task Order. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147862227	23	Months		(b)(4)
				ESTIMATED COST FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020101	Incremental Funding CLIN 0201  ACRN AC  PURCHASE REQUEST NUMBER: HQ0147862227	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020102	Incremental Funding CLIN 0201  ACRN AF  PURCHASE REQUEST NUMBER: HQ0147862227-0002	(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0401	Integrated Logistics Support CPFF ILS performance as defined in the Statement of Work (SOW) described in Attachment 1 of this Task Order. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147862227	23	Months		(b)(4)
				ESTIMATED COST	(b)(4)
				FIXED FEE	
				TOTAL EST COST + FEE	

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040101	Incremental Funding CLIN 0401  ACRN AC  PURCHASE REQUEST NUMBER: HQ0147862227	(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0402	CCMD Integration CPFF COCOM Integration performance as defined in the Statement of Work (SOW) described in Attachment 1 of this Task Order. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147862227	23	Months		(b)(4)
				ESTIMATED COST	(b)(4)
				FIXED FEE	
				TOTAL EST COST + FEE	

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040201	Incremental Funding CLIN 0402	
	ACRN AC	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147862227	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0403	CYBER/RMF CPFF CYBER/RMF efforts as defined in the Statement of Work (SOW) described in Attachment 1 of this Task Order. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147862227	23	Months		(b)(4)
				ESTIMATED COST FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040301	Incremental Funding CLIN 0403	
	ACRN AC	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147862227	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0501	C2BMC O&M CPFF Operation and Maintenance (O&M) efforts as defined in the Statement of Work (SOW) described in Attachment 1 of this Task Order. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147862227	23	Months		(b)(4)
				ESTIMATED COST	(b)(4)
				FIXED FEE	
				TOTAL EST COST + FEE	

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
050101	Incremental Funding CLIN 0501  ACRN AC  PURCHASE REQUEST NUMBER: HQ0147862227	(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0502	COMMS O&M CPFF Operation and Maintenance (O&M) efforts for the [redacted] Comms as defined in Attachment #1, Statement of Work (SOW). FOB: Destination PURCHASE REQUEST NUMBER: HQ0147862227	12	Months		(b)(4)
				ESTIMATED COST	(b)(4)
				FIXED FEE	
				TOTAL EST COST + FEE	

FSC CD: AC24

(b)(3):10  
U.S.C. § 130  
(b)(3):10  
U.S.C. § 130

ITEM NO	SUPPLIES/SERVICES	AMOUNT
050201	Incremental Funding CLIN 0502	
	ACRN AE	(b)(4)
	PURCHASE REQUEST NUMBER: MIPR0011125963	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0503	Ramstein O&M CPFF	12	Months		(b)(4)
	Operation and Maintenance (O&M) efforts for (b)(4) as defined in Attachment #1, Statement of Work (SOW). FOB: Destination PURCHASE REQUEST NUMBER: HQ0147862227				
				ESTIMATED COST FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

(b)(3):10  
 U.S.C. § 130

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
050301	Incremental Funding CLIN 0503	
	ACRN AG	(b)(4)
	PURCHASE REQUEST NUMBER: F3NF347339G902	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0801	C2BMC Travel/ODC COST 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. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147862227	23	Months		(b)(4)
				ESTIMATED COST	(b)(4)

FSC CD: V999

ITEM NO	SUPPLIES/SERVICES	AMOUNT
080101	Incremental Funding CLIN 0801 ACRN AD PURCHASE REQUEST NUMBER: HQ0147862227	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
080102	Incremental Funding CLIN 0801 ACRN AF PURCHASE REQUEST NUMBER: HQ0147862908	(b)(4)



ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0802	(b)(3):10 U.S.C. § 130 [redacted] ODC COST	23	Months		(b)(4)
	Necessary ODCs in performance of the attached Statement of Work as described in Attachment 1. Contractor is not entitled to fee on ODCs, such as travel, costs associated to repatriate and expatriate expenses. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147862227				
				ESTIMATED COST	(b)(4)

FSC CD: V999

ITEM NO	SUPPLIES/SERVICES	AMOUNT
080201	Incremental Funding CLIN 0802  ACRN AE	(b)(4)
	PURCHASE REQUEST NUMBER: MIPR0011125963	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1001	(b)(3):10 U.S.C. § 130 [redacted] User Node, TI-01 CPFF	(b)(4)	Hours		(b)(4)
	FOB: Destination PURCHASE REQUEST NUMBER: HQ0147862908				
				ESTIMATED COST FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

FSC CD: AC24

