

# ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. N00033-11-D-6505		2. DELIVERY ORDER/ CALL NO. 0001		3. DATE OF ORDER/ CALL (YYYYMMDD) 2010 Dec 02		4. REQ./ PURCH. REQUEST NO. N0003313206301		5. PRIORITY	
6. ISSUED BY MILITARY SEALIFT COMMAND, N1022 914 CHARLES MORRIS COURT SE WASHINGTON NAVY YARD DC 20398-5540				7. ADMINISTERED BY (if other than 6) <b>SEE ITEM 6</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER  (See Schedule if other)			
9. CONTRACTOR US INFORMATION TECHNOLOGIES NAME JOSEPH MORRONE AND 4800 WESTFIELDS BLVD, STE 250 ADDRESS CHANTILLY VA 20151-4202		CODE 4LYJ5		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 MILITARY SEALIFT COMMAND MSC N-83 914 CHARLES MORRIS CT SE WASHINGTON DC 20398		CODE N00033		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 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 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. TEL (b) (6)	OF AMERICA		25. TOTAL (b) (4)	
					EMAIL (b) (6)	BY: BRIAN HJ KIMM		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.									
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							
					<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	31. PAYMENT		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.

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Transition Services FFP Phase-In services in accordance with the base contract, Section 6.1, Contract Phase-in Period; Section 8.2 "Phase In/Phase Out Deliverables"; and Section 8.3 "Matrix of Phase In/Phase Out Deliverables." FOB: Destination PURCHASE REQUEST NUMBER: N0003313206301	1	Each	\$(b) (4)	\$(b) (4)
					NET AMT
					\$(b) (4)
ACRN AA					\$(b) (4)
CIN: N00033132063010001					

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002	Add'l funding for Transition Services FFP This CLIN provides additional funding for CLIN 0001 of this task order. FOB: Destination PURCHASE REQUEST NUMBER: N0003313206301	1	Each	\$(b) (4)	\$(b) (4)
					NET AMT
					\$(b) (4)
ACRN AA					\$(b) (4)
CIN: N00033132063010002					

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE
0003		1	Each	(b) (4)

\$(b) (4)

Add'l funding for Transition Services

FFP

This CLIN provides additional funding for CLIN 0001 of this task order.

FOB: Destination

PURCHASE REQUEST NUMBER: N0003313206301

NET AMT

(b) (4)

ACRN AA

CIN: N00033132063010003

## Section F - Deliveries or Performance

## DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	POP 03-DEC-2010 TO 02-MAR-2011	N/A	N/A FOB: Destination	
0002	POP 03-DEC-2010 TO 02-MAR-2011	N/A	N/A FOB: Destination	
0003	POP 03-DEC-2010 TO 02-MAR-2011	N/A	N/A FOB: Destination	

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 97 X (b) (4) 33 0 000033 2F000000000000000000  
AMOUNT: (b) (4)  
CIN N00033132063010001: (b) (4)  
CIN N00033132063010002: (b) (4)  
CIN N00033132063010003: (b) (4)