ORDER FOR SUPPLIES OR SERVICES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER: JUL 18 2003
2. CONTRACT NO. (If any): NAS5-01135
3. ORDER NO.: DR-33-03-336 MODIFICATION NO.:
4. REQUISITION/REFERENCE NO.: CIO-03-336
5. ISSUING OFFICE (Address correspondence to):
U.S. Nuclear Regulatory Commission
Div of Contracts
Two White Flint North - MS T-7-I-2
Washington, DC 20555

6. SHIP TO:
a. NAME OF CONSIGNEE: U.S. Nuclear Regulatory Commission Warehouse
b. STREET ADDRESS: 5008 Boiling Brook Pkwy.
c. CITY: Rockville
d. STATE: MD
e. ZIP CODE: 20852
f. SHIP VIA:

7. TO:
a. NAME OF CONTRACTOR: IBM
b. COMPANY NAME: Ralph N. Scichilone
c. STREET ADDRESS: 6710 Rockledge Dr., Room 4A283
d. CITY: Bethesda
e. STATE: MD
f. ZIP CODE: 20817

8. TYPE OF ORDER
[ ] a. PURCHASE ORDER
Reference your _____
Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.
[X] b. DELIVERY/TASK ORDER
Except for billing instructions on the reverse, this delivery/task order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

9. ACCOUNTING AND APPROPRIATION DATA $89,289.37
JOB CODE: J1080 B & R No: 310-15-523-340
BOC: 3130 FUND SOURCE: 31X0200

10. REQUISITIONING OFFICE: OCIO

11. BUSINESS CLASSIFICATION (Check appropriate box(es))
[ ] a. SMALL [X] b. OTHER THAN SMALL [ ] c. DISADVANTAGED [ ] d. WOMEN-OWNED

12. F.O.B. POINT: Destination
14. GOVERNMENT B/L NO.:
15. DELIVER TO F.O.B. POINT ON OR BEFORE: 30 days ARO
16. DISCOUNT TERMS: net 30

13. PLACE OF
a. INSPECTION:
b. ACCEPTANCE:

FOR INFORMATION CALL: (No collect calls)
Michael Turner
301-415-6535

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)
	THIS IS A SEWP III ORDER In accordance with the provisions of the NASA Interagency Scientific Engineering Workstation Procurement(SEWP), the NRC is purchasing the attached list of equipment. Myron Kemerer, IPOC/OCIO Official Equipment Total: $88,756.37 NASA Processing Fee: $533.00 Total Order: $89,289.37 WARRANTY: 1 YEAR ON EQUIPMENT SEWP III Contract No. NAS5-01135 Reference Quote # NRC052003-1 Attachment 1 - 2 pages					

18. SHIPPING POINT:
19. GROSS SHIPPING WEIGHT:
20. INVOICE NO.:
$89,289.37 SUBTOTAL

SEE BILLING INSTRUCTIONS ON REVERSE

21. MAIL INVOICE TO:
a. NAME: U.S. Nuclear Regulatory Commission
Payment Team, Mail Stop T-7-I-2
b. STREET ADDRESS (or P.O. Box): Attn: DR-33-03-336
c. CITY: Washington
d. STATE: DC
e. ZIP CODE: 20555

17(h) TOTAL (Cont. pages)
17(i). GRAND TOTAL $89,289.37

22. UNITED STATES OF AMERICA BY (Signature): Donald A. King
23. NAME (Typed): Donald A. King
Contracting Officer
TITLE: CONTRACTING/ORDERING OFFICER

TEMPLATE - ADM002

ADM002

OPTIONAL FORM 347 (6/95)

DR-33-03-336

SUPPLEMENTAL INVOICING INFORMATION

If desired, this order (or copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of $_____. No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided: contract number (if any), order number, item number(s), description of supplies or services, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed $10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been: ☐ inspected, ☐ accepted, ☐ received by me and conforms to contract. Items listed below have been rejected for the reasons indicated.

SHIPMENT NUMBER	PARTIAL		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
	FINAL				
TOTAL CONTAINERS		GROSS WEIGHT	RECEIVED AT	TITLE	

REPORT OF REJECTIONS

ITEM NO.	SUPPLIES OR SERVICES	UNIT	QUANTITY REJECTED	REASON FOR REJECTION

A.1 ELECTRONIC PAYMENT

The Debt Collection Improvement Act of 1996 requires that all payments except IRS tax refunds be made by Electronic Funds Transfer. It is the policy of the Nuclear Regulatory Commission to pay vendors by the Automated Clearing House (ACH) electronic funds transfer payment system. The electronic system is known as Vendor Express. Payment shall be made in accordance with FAR 52.232-33, entitled "Mandatory Information for Electronic Funds Transfer Payment".

To receive payment, the contractor shall complete the "Company Information" portion of the Standard Form 3881, entitled "ACH Vendor/Miscellaneous Payment Enrollment Form" found as an attachment to this document. The contractor shall take the form to the ACH Coordinator at the financial institution that maintains its company's bank account. The contractor shall discuss with the ACH Coordinator how the payment identification information (addendum record) will be passed to them once the payment is received by the financial institution. Further information concerning the addendum is provided at Attachment . The ACN Coordinator should fill out the "Financial Institution Information" portion of the form and return it to the Office of the Controller at the following address: Nuclear Regulatory Commission, Division of Accounting and Finance, Financial Operations Section, Mail Stop T-9-H-4, Washington, DC 20555, ATTN: ACH/Vendor Express. It is the responsibility of the contractor to ensure that the financial institution returns the completed form to the above cited NRC address. If the contractor can provide the financial information, signature of the financial institutions ACH Coordinator is not required. The NRC is under no obligation to send reminders. Only after the Office of the Controller has processed the contractor's sign-up form will the contractor be eligible to receive payments.

Once electronic funds transfer is established for payments authorized by NRC, the contractor needs to submit an additional SF 3881 only to report changes to the information supplied.

Questions concerning ACH/Vendor Express should be directed to the Financial Operations staff at (301) 415-7520."

A.2 SEAT BELTS

Contractors, subcontractors, and grantees, are encouraged to adopt and enforce on-the-job seat belt policies and programs for their employees when operating company-owned, rented, or personally owned vehicles.

ATTACHMENT 2

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056
Expiration Date 06/30/93

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means, to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY
U.S. NUCLEAR REGULATORY COMMISSION

AGENCY IDENTIFIER	AGENCY LOCATION CODE (ALC):	ACH FORMAT:
NRC	31000001	☐ CCD+ ☐ CTX ☐ CTP

ADDRESS
DIVISION OF ACCOUNTING AND FINANCE, MAIL STOP T-9 H4

WASHINGTON, DC 20555-0001

CONTACT PERSON NAME	TELEPHONE NUMBER
FINANCIAL OPERATIONS SECTION	(301) 415 - 7520

PAYEE/COMPANY INFORMATION

NAME	SSN NO. OR TAXPAYER ID NO.

ADDRESS

CONTACT PERSON NAME:	TELEPHONE NUMBER:
	( )

FINANCIAL INSTITUTION INFORMATION

NAME

ADDRESS

ACH COORDINATOR NAME:	TELEPHONE NUMBER:
	( )

NINE-DIGIT ROUTING TRANSIT NUMBER:
___ ___ ___ ___ ___ ___ ___ ___ ___

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:	LOCK BOX NUMBER:

ACH FORMAT:
☐ CHECKING ☐ SAVINGS ☐ LOCK BOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	TELEPHONE NUMBER:
	( )

SF 3881 (Rev 12/90)

Instructions for Completing SF 3881 Form

1. Agency Information Section — Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.

2. Payee/Company Information Section — Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.

3. Financial Institution Information Section — Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.