			ORDER FO	OR SUPPLIES OF	SERVICE	S				PAGE C	F PAGES
IMPORTANT: Mark all packages and papers with contract and/or order numbers.					BPA NO.					_	
1. DATE OF 0			2. CONTRACT NO. (If any GS28F8049H	)			6. S	HIP TO:			
3. ORDER NO		MODIFICATION NO.	4. REQUISITION/REFERE	NCE NO.	a. NAME OF CO		ulatory	Commissio	n		
DR-10-04-411, Mod.#1 ADM-04-411					U.S. Nuclear Regulatory Commission Warehouse						
U.S. N Divisi	5. ISSUING OFFICE (Address correspondence to) U.S. Nuclear Regulatory Commission Division of Contracts				b.STREET ADDRESS 5008 Boiling Brook Parkway						
Two Wi	hite Flin	t North - MS T-	7-1-2		c. CITY				d. STATE e. ZIP CODE		
Washir	ngton, DC		TO:		Rockville I.SHIP VIA				MD	20	0852
NAME OF C	CONTRACTOR	<u></u>		<u> </u>	-						
	n Miller				8. TYPE OF ORDER						
	orporate Max Nes	Express Office :	Products, inc.		a. PURCHASE ORDER X b				D. DELIVERY/TASK ORDER		
	Greenbelt	Road							or billing instructions on the reverse, this		
Suite Greenk	320 belt MD 2	0770			Please furnish the following on the terms and delivery/t				ask order is subject to instructions I on this side only of this form and is		
					and on the attack		including	issued su	eject to the terms and conditions		
					delivery 23 Trainer	neu.		0.000	ve-rombered of	mu act.	
	ING AND APPE	ROPRIATION DATA	44015-511306	\$6,000.00	10. REQUISITIO	NING OFFICE					
BOC:		FUND SOURCE:			ADM						
		TION (Check appropriate bo			C DISADVA	NTACED.			APPLIENT CHARGE		
12, F.O.B. PC			X b. OTHER THAN SM.	14. GOVERNMENT B	<u> </u>		R TO F.O.B. F		16. DISCOU		<del></del>
Origin	n	•			ON OR BEFORE Stated below				Net 30		
		13. PLACE OF		·		FOR INFOR	MATION CALL	: (No collect calls)			
a. INSPECTIO	ON .	b. ACCEP	TANCE		linor Cunni 01-415-6580						
		<del></del>		. 17. SCHEDULE (See reve	rse for Rejections)	See	CONTINU	ATION Page		<del></del>	•
ITEM NO.			SUPPLIES OR SERVICES			QUANTITY ORDERED	UNIT	UNIT	Al	MOUNT	QUANTITY
(A)			(B)			(C)	(D)	(E)		(F)	(G)
1			: DR-10-04-411 d efinite Quantity	ated 2/24/04 for Delivery Order	an		İ	} .	}		1
		-		d modify as follo	ows:						
	1. Add	ingramental fur	dina in the ime	unt of \$6,000.00	for			ĺ.	1		
		ew total of \$8,5		unc 01 \$6,000.00	101			<u> </u>			ļ
	All oth	er terms and cor	nditions remains	the same.							
	סס	FUTORS TOTAL	\$2,500.00		:				ſ		
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	<u> </u>	18. SHIPPING POINT	140	. GROSS SHIPPING WEIGHT	<u> </u>	20. INVOIC	5.10	l			
		10. SHIFFING FOINT	13	. GROSS SHIFFING WEIGHT	•	20. 114010	E NO.		ļ		SUBTOTAL
	21, MAIL INVOICE TO:									17(h)	
SEE B	BILLING	a. NAME						-	TOTAL (Cont.		
	ICTIONS ON	U.S. Nuclear Regulatory Commission Attn: Payment Team, Mail Stop T-9-H~4									pages)
	ERSE	b. STREET ADDRESS (or P.O. Box) DR-10-04-410								17(i). GRAND TOTAL	
(SUBMIT INVOICES IN DUPLICATE)							NO.				
		c.CITY Washington			d. STATE DC	e. ZIP COD 2055			6,000.0	00	
22. UNITED S	STATES OF AN	TERIÇA .	7/		)-'	23. NAME (	-				<u>.</u>
	nature)	./	101	n. • V	•	Eli	nor Cunn	ingham			
	<u>U</u>	Min .	- un	migh			TITLE: CON	TRACTING/ORDE			·
TFMDI 1	TF_AI	18004		()				E	OPTIONAL FOI	-	95)

TEMPLATE - ADMOO1

ADWO02

			SUPPLEMENTAL INVOICING					
statement, (s However, if t description of invoice. Wh	signed and date the Contractor w of supplies or se ere shipping co	y thereof) may be used by the od) is on (or attached to) the ord vishes to submit an invoice, the rvices, sizes, quantities, unit p sts exceed \$10 (except for para vity during the same billing perior	der: "Payment is requested in the following information must be rices, and extended totals. Precel post), the billing must be suited, consolidated periodic billing	he amount of provided: controlled of paid shipping pported by as are encourse.	of \$ No other invontract number (if any), order ng costs will be indicated as a a bill of lading or receipt. Whe	oice will be submi number, item num separate item on	ited." nber(s), the	
			RECEIVING RE	PORT	•			
		cepted" column on the face of listed below have been reject		inspecte	ed, accepted,	receive	d by me and	
	PARTIAL		DATE RECEIVED	SIGNATURE C	OF AUTHORIZED U.S. GOVT REP.		DATE	
SHIPMENT NUMBER	FINAL							
TOTAL CONTAI		GROSS WEIGHT	RECEIVED AT	TITLE			!	
TOTAL GOTTON								
•			REPORT OF REJE	CTIONS				
ITEM NO.		SUPPLIES OR SERVICE	ES	UNIT	QUANTITY REASON FOR REJECTION			
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