

ORDER FOR SUPPLIES OR SERVICES

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

BPA NO.

1. DATE OF ORDER 04-15-2004	2. CONTRACT NO. (if any) GS-29F-0174G	6. SHIP TO:		
3. ORDER NO. DR-10-04-409, Mod. 1	4. REQUISITION/REFERENCE NO. ADM-04-409	a. NAME OF CONSIGNEE U.S. Nuclear Regulatory Commission Warehouse		
5. ISSUING OFFICE (Address correspondence to) U.S. Nuclear Regulatory Commission Div of Contracts Two White Flint North - MS T-7-1-2 Washington, DC 20555		b. STREET ADDRESS 5008 Boiling Brook Parkway	c. CITY Rockville	e. ZIP CODE 20852
7. TO:		d. STATE MD	f. SHIP VIA	

NAME OF CONTRACTOR The Thrasher Group Attn: Mr. Dean Thrasher 2201 Van Deman Street Baltimore MD 21224	8. TYPE OF ORDER <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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.
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9. ACCOUNTING AND APPROPRIATION DATA Job Code: D2336, B&R No. 44015-511306 BOC: 3121, Fund Source: X0200	\$4,000.00	10. REQUISITIONING OFFICE ADM/DAS/ASAC
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11. BUSINESS CLASSIFICATION (Check appropriate box(es))

a. SMALL
 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 4-5 Weeks ARO	16. DISCOUNT TERMS Net 30
13. PLACE OF		FOR INFORMATION CALL: (No collect calls)	
a. INSPECTION	b. ACCEPTANCE	Mr. Michael Mills 301-415-6550	

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)
	Refer to the IDIQ Type Delivery Order (Indefinite-Quantity) dated 3-18-2004 for Thrasher bookcases; modify as follows: 1. Delete Attachment A (pricing and minimum/maximum bookcase requirements) in its entirety and incorporate the attached revision. 2. Change the estimated aggregate total of this delivery order from \$41,969.10 to \$35,887.80 3. Increase the obligated amount by \$4,000.00, from \$2,500.00 to \$6,500.00. Previous Obligated Amount: \$2,500.00 Increased Obligated Amount: \$4,000.00 New Total Obligated Amount: \$6,500.00 Estimated Ceiling Amount: \$35,887.80 All other terms and conditions remain the same.					

18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	SUBTOTAL
21. MAIL INVOICE TO:			
a. NAME U.S. Nuclear Regulatory Commission Payment Team, Mail Stop T-9-H-4			17(h) TOTAL (Cont. pages)
b. STREET ADDRESS (or P.O. Box) Attn: (DR-10-04-409)			17(i). GRAND TOTAL
c. CITY Washington	d. STATE DC	e. ZIP CODE 20555	
SEE BILLING INSTRUCTIONS ON REVERSE			Obligated \$2,500.00

22. UNITED STATES OF AMERICA BY (Signature)	23. NAME (Typed) Michael Mills TITLE: CONTRACTING/ORDERING OFFICER
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008	Irradiator Technology Training Course	[REDACTED]	EACH	[REDACTED]	\$77,800.00
009	Additional Training Course (SOW D.3) To Be Ordered on a Task Order Basis	[REDACTED]	CEILING	[REDACTED]	\$56,000.00
OPTION YEAR 4					
010	Irradiator Technology Training Course	[REDACTED]	EACH	[REDACTED]	\$80,920.00
011	Additional Training Course (SOW D.3) To Be Ordered on a Task Order Basis	[REDACTED]	CEILING	[REDACTED]	\$56,000.00

QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED INSPECTED ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		
MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32i. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE		
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE		
HIP NUMBER		34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	
PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/>				<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
/H ACCOUNT NUMBER		38. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a. RECEIVED BY (Print)		
SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)		
			42c. DATE REC'D (YYMMDD)		42d. TOTAL CONTAINERS