

ORDER FOR SUPPLIES OR SERVICES

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

BPA NO.

1. DATE OF ORDER 01-22-2003	2. CONTRACT NO. (if any) GS-23F-0038N	6. SHIP TO.	
3. ORDER NO. DR-36-03-344, MOD. 5	4. REQUISITION/REFERENCE NO. OIG-03-344	a. NAME OF CONSIGNEE U.S. Nuclear Regulatory Commission Attn: Mr. Stephen Zane	
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		b. STREET ADDRESS Mail Stop T5-D28	c. CITY Washington
7. TO:		d. STATE DC	e. ZIP CODE 20555
NAME OF CONTRACTOR R. Navarro and Associates Attn: Mr. Ramon Navarro 2831 Camino Del Rio South, Suite 306 San Diego CA 92108		f. SHIP VIA	
8. TYPE OF ORDER			
<input type="checkbox"/> a. PURCHASE ORDER		<input checked="" type="checkbox"/> b. DELIVERY/TASK 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.		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 B&R No. 430-15-601-390, Job Code: L2313, BOC: 252Q, 31X0300		\$384,487.90	10. REQUISITIONING OFFICE OIG

11. BUSINESS CLASSIFICATION (Check appropriate box(es))			
<input checked="" type="checkbox"/> a. SMALL	<input type="checkbox"/> b. OTHER THAN SMALL	<input type="checkbox"/> c. DISADVANTAGED	<input type="checkbox"/> d. WOMEN-OWNED
12. F.O.B. POINT Destination:	14. GOVERNMENT BL. NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE As Stated on Orig	16. DISCOUNT TERMS N/A
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)
	<p>Refer to Purchase Order No. DR-36-03-344, for financial statement auditing services dated 4/24/03; and subsequent modifications; further modify as follows:</p> <p>1. Refer to Modification No. 3, dated 11-17-2003, Attachment-B, "Labor Rates page 2 of 6 for the base year period." Delete page 2 of 6 in its entirety and replace with the attached revised page (page 2 of 6 revision 2) at no additional cost to the Government.</p> <p>2. Change the period of performance from April 25, 2003 through April 24, 2004 with four (4) one-year options to April 25, 2003 through March 4, 2004 with four (4) one-year options.</p> <p>3. Exercise Option-year one: period of performance, March 5, 2004 through March 4, 2005.</p>					
		See CONTINUATION Page				
		<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: left;"> <p>Accepted</p> <p>1/22/04</p> <p>Date</p> </div> </div>				

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.			SUBTOTAL	
	21. MAIL INVOICE TO:						17(h) TOTAL (Cont. pages)
	a. NAME U.S. Nuclear Regulatory Commission Division of Contracts						
	b. STREET ADDRESS (or P.O. Box) Attn: Mail Stop T-7-I-2						
c. CITY Washington		d. STATE DC	e. ZIP CODE 20555	Obligated		17(i) GRAND TOTAL	
				384,487.90			
22. UNITED STATES OF AMERICA BY (Signature) 			23. NAME (Typed) Michael Mills				
			TITLE: CONTRACTING/ORDERING OFFICER				

TEMPLATE - ADM002

ADM002 FORM 347 (6/95)

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO.
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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER 01-22-2003	CONTRACT NO. GS-23F-0038N	ORDER NO. DR-36-03-344, MOD. 5
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ITEM NO. (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)
	<p>4. Increase the monetary amount by \$\$384,487.90 from \$369,777.46 to \$754,265.36.</p> <p>5. Delete the Cost Reimbursement Billing Instructions and incorporate the attached Billing Instructions for Fixed Hourly Rate Type Contracts as part of this delivery order.</p> <p>All other terms and conditions remain the same.</p> <p>Previous Obligated Total: \$369,777.46 Increased Obligated Amount: \$384,487.90 Current Obligated Total Amount: \$754,265.36</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

U.S. NUCLEAR REGULATORY COMMISSION
 Schedule of Realignment of Hours/Dollars
 Fiscal Year 2003 - Audit Services

Base Year

Category	Original Amounts			Requested Realignment October 2003		Revised Amounts		Requested Realignment December 2003		Revised Amounts	
	Hrs	Rate	Dollars	Hrs	Dollars	Hrs	Dollars	Hrs	Dollars	Hrs	Dollars
Partner			\$86,015.18		(\$24,681.69)		\$61,333.47		\$8,355.80		\$67,689.27
Manager			\$95,325.00		\$45,663.00		\$140,988.00		\$1,860.00		\$142,848.00
Senior			\$138,352.50		(\$76,512.15)		\$61,840.35		(\$18,082.35)		\$43,758.00
Staff			\$50,084.80		\$55,528.80		\$105,613.60		\$9,853.64		\$115,467.24
Total			\$369,777.46		(\$2.04)		\$369,775.42		(\$12.91)		\$369,762.51
Direct Expenses			\$0.00								
			<u>\$369,777.46</u>		<u>(\$0.00)</u>		<u>\$369,777.46</u>		<u>\$0.00</u>		<u>\$369,777.46</u>

**BILLING INSTRUCTIONS FOR
FIXED HOURLY RATE TYPE CONTRACTS**

General: The contractor is responsible during performance and through final payment of this contract for the accuracy and completeness of the data within the Central Contractor Registration (CCR) database, and for any liability resulting from the Government's reliance on inaccurate or incomplete CCR data. The contractor shall prepare vouchers/invoices for reimbursement of costs in the manner and format described herein or a similar format. **FAILURE TO SUBMIT VOUCHERS/INVOICES IN ACCORDANCE WITH THESE INSTRUCTIONS WILL RESULT IN REJECTION OF THE VOUCHER/INVOICE AS IMPROPER.**

Number of Copies: An original and three copies, including supporting documentation shall be submitted. A copy of all supporting documents must be attached to each copy of your voucher/invoice. Failure to submit all the required copies will result in rejection of the voucher/invoice as improper.

Designated Agency Billing Office: Vouchers/invoices shall be submitted to the following address:

U.S. Nuclear Regulatory Commission
Division of Contracts
Mail Stop T-7-I-2
Washington, D.C. 20555

HAND DELIVERY OF VOUCHERS/INVOICES IS DISCOURAGED AND WILL NOT EXPEDITE PROCESSING BY NRC. However, should you choose to deliver vouchers/invoices by hand, including delivery by any express mail services or special delivery services which use a courier or other person to deliver the voucher/invoice in person to the NRC, such vouchers/invoices must be addressed to the above Designated Agency Billing Office and will only be accepted at the following location:

U.S. Nuclear Regulatory Commission
One White Flint North
11555 Rockville Pike - Mail Room
Rockville, MD 20852

HAND-CARRIED SUBMISSIONS WILL NOT BE ACCEPTED AT OTHER THAN THE ABOVE ADDRESS.

Note that the official receipt date for hand-delivered vouchers/invoices will be the date it is received by the official agency billing office in the Division of Contracts and Property Management.

Billing Instructions
Page 2 of 2

Agency Payment Office: Payment will be made by the following office:

U.S. Nuclear Regulatory Commission
Division of Accounting and Finance GOV/COMM
Mail Stop T-9-H4
Washington, DC 20555

Frequency: The contractor shall submit claims for reimbursement once each month, unless otherwise authorized by the Contracting Officer.

Format: Claims should be submitted in the format depicted on the attached sample form entitled "Voucher/Invoice for Purchases and Services Other Than Personal" (see Attachment) or a similar format. **THE SAMPLE FORMAT IS PROVIDED FOR GUIDANCE ONLY AND IS NOT REQUIRED FOR SUBMISSION OF A VOUCHER/INVOICE. ALTERNATE FORMATS ARE PERMISSIBLE PROVIDED ALL REQUIREMENTS OF THE BILLING INSTRUCTIONS ARE ADDRESSED.**

Billing of Costs After Expiration of Contract/Purchase Order: If the costs are incurred during the purchase order period and claimed after the purchase order has expired, the period during which these costs were incurred must be cited. To be considered a proper voucher/invoice, the contractor shall clearly mark it "EXPIRATION VOUCHER" OR "EXPIRATION INVOICE".

Currency: Billings may be expressed in the currency normally used by the contractor in maintaining his accounting records; payments will be made in that currency. However, the U.S. dollar equivalent for all vouchers/invoices paid under the purchase order may not exceed the total U.S. dollars authorized in the purchase order.

ATTACHMENT

**INVOICE/VOUCHER FOR PURCHASES
AND
SERVICES OTHER THAN PERSONAL**

(SAMPLE FORMAT - COVER SHEET)

<u>Official Agency Billing Office</u> U.S. Nuclear Regulatory Commission Division of Contracts and Property Management MS: T-7-I2 Washington, DC 20555-0001	(a) Purchase Order No: (b) Voucher/Invoice No: (c) Date of Voucher/Invoice:
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(d) Contractor's Data Universal Number (DUNS) or DUNS+4 number that identifies the contractor's name and address. The DUNS+4 number is the DUNS number plus a 4-character suffix that may be assigned at the discretion of the contractor to identify alternative Electronic Funds Transfer (EFT) accounts for the same parent concern.

(e) Payee's Name and Address. Show the name of the Payee as it appears in the contract and its correct address. If the Payee assigns the proceeds of this contract as provided for in the assignment of claims terms of this contract, the Payee shall require as a condition of any such assignment, that the assignee shall register separately in the Central Contractor Registration (CCR) database at <http://www.ccr.gov> and shall be paid by EFT in accordance with the terms of this contract. See Federal Acquisition Regulation 52.232-33(g) Payment by Electronic Funds Transfer - Central Contractor Registration (October 2003).

(f) Individual to Contact Regarding Voucher/Invoice
Show the name and telephone number of the individual as it appears in the Central Contractor Registration database.

(g) This voucher/invoice represents reimbursable costs for the billing period _____ to _____.

	<u>Amount Billed</u>	
	<u>Current Period</u>	<u>Cumulative</u>
(f) <u>Direct Costs:</u>		
(1) Direct Labor*	\$ _____	\$ _____
(2) Travel*	\$ _____	\$ _____

Total Direct Costs: \$ _____

\$ _____

* The contractor shall submit as an attachment to its invoice/voucher cover sheet a listing of labor categories, hours billed, fixed hourly rates, total dollars, and cumulative hours billed to date under each labor category, authorized under the purchase order for each of the three activities to be performed under the purchase order. In addition, the contractor shall include travel costs incurred with the required supporting documentation, as well as, the cumulative total of travel costs billed to date by activity.