			OF	DER FOR	SUPPLIES O	R SERVICE	ES			1	PAGE OF	F PAGES	
IMPORTANT: Mark all packages and papers with contract and/or order numbers.							BPA NO.						
	DATE OF ORDER 2. CONTRACT NO. (any) G523F0038N					6. SHIP TO:							
3. ORDER NO. DR-36-03-344 MODIFICATION NO. 4. REQUISITION/REFERENCE NO. O1g-03-344 O1g-03-344					U.S. Nuclear Regulatory Commission ATTN: Stephen Zane (Project Officer)								
5. ISSUING OFFICE (Address comespondence to) U.S. Nuclear Regulatory Commission Division of Contracts						b. STREET ADDRESS Mail Stop T-5D28							
Contract Management Center 2 Two White Flint North - MS T-7-I-2 Washington, DC 20555				c CTY Washington				d. STATE		555			
	 _	7.`	TO:			1. SHIP VIA							
	CONTRACTOR	SSOCIATES INC C	DAC						DE ORDER		<u>".</u>		
		SSUCIATES INC C	PAS			 		B. TYPE C	OF ORDER				
b. COMPANY NAME										b. DELIVERY/TASK ORDER for billing instructions on the reverse, this			
c. STREET ADDRESS 2831 CAMINO DEL RIO SO., STE 306						Please furnish the following on the terms and delivery conditions specified on both sides of this order contains				Mask order is subject to instructions and is			
d. CITY -	-			e. STATE	I. ZIP CODE	and on the attached sheet, if any, including issued s				ubject to the terms and conditions ove-numbered contract.			
SAN I	DIEGO .			CA	921083802						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9. ACCOUNTI	NG AND APPR	OPRIATION DATA		<u> </u>	\$53,569.0	010. REQUISITIO	NING OFFICE	OIG					
	CODE: L2		430-15-6	01-390 BO	C: 2520	OFFICE	OF THE I	NSPECTOR	GENERAL			·	
11. BUSINESS		ION (Check appropriate bo	$\overline{}$	ER THAN SMALL		c. DISADVA	ANTAGED		d.V	VOMEN-OWNE	D		
12. F.O.B. PO	INT				14. GOVERNMENT E	VL NO.	ONO	ER TO F.O.B. POR R BEFORE		- 16. DISCOL			
		13. PLACE OF							y Stated (No collect calls)		30		
a. INSPECTIO	· · · · · · · · · · · · · · · · · · ·	- b. ACCEP	TANCE					MATION CALL	(NO collect calls)				
a. INSPECTIC	JN	B. ACCEP				CHAEL MILI							
•					17. SCHEDULE (See reve	rse for Rejections)		.,					
ITEM NO.	,			OR SERVICES B)	, , , , , , , , , , , , , , , , , , , ,		OUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	A	MOUNT (F)	QUANTITY ACCEPTED (G)	
·	stateme	o Purchase Ordert auditing ser	vices da	ted 4/24/0	3; and subsequ		A. 2		3		<i>-</i>		
	1. Refer to Attachment B, "Labor Rates page 2 of 6 for Option Year 1 and increase the labor hours as indicated : Attachment A, "Part 170 Unbilled Revenue Issue."						ccepte	d U			Date	gç.	
	with At to the	align the remain tachment A, "Re Government.					l	nting					
	3. Increase the labor hours in accordance with Attachment B.					\$39,239.00				30CF02004,LN2			
	Previou Increas	ner terms and co is Obligated Tot sed Obligated Am : Obligated Tota	mount: \$75	54,265.36 553,569.00				36-03 30.00	-344)	BOCFO2	2004:	_N2	
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		18. SHIPPING POINT		19. GI	ROSS SHIPPING WEIGH	Ţ	20. INVOIC	CE NO.				SUBTOTAL	
21. MAIL INVOICE TO:												17(h)	
SEE BILLING INSTRUCTIONS Payment Team, Mail Stop T-9-H-4				7	TOTAL (Cont. pages)								
DN REVERSE D. STREET ADDRESS (or P.O. Box) Attn: (DR-36-03-344)												17(I). GRAND	
	,	e CHY Washington			<u> </u>	d. STATE DC	a. ZIP COI			Obliga \$53,569		TOTAL	
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TEMPLATE - ADMOOT

ADMOO2 (K95)

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, Rem 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	ne "Quantity Accepted	d column on the face of the		inspecte	ed, accep	ted, rec	eived by me and				
SHIPMENT NUMBER	PARTIAL ,	Delow trave been tejeste	DATE RECEIVED	SIGNATURE (OF AUTHORIZED U.S. GOVT	REP.	DATE				
TOTAL CONTAI	NERS GROS	SS WEIGHT	RECEIVED AT	TITLE		······································					
	REPORT OF REJECTIONS										
ITEM NO.		SUPPLIES OR SERVICE	ES	UNIT	QUANTITY REJECTION						
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OPTIONAL FORM 347 BACK (REV. 6/95)