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: SEP 08 2005	2. CONTRACT NO. (If any): GS00P00BSD0138
3. ORDER NO.: 10-05-421M002 MODIFICATION NO.	4. REQUISITION/REFERENCE NO.: ADM-05-421

5. ISSUING OFFICE (Address correspondence to):
U.S. Nuclear Regulatory Commission
Division 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
Attn: Ken McDow
b. STREET ADDRESS: Mail Stop T-7D24
c. CITY: Washington | d. STATE: DC | e. ZIP CODE: 20555

7. TO:
a. NAME OF CONTRACTOR: PEPCO ENERGY SERVICES, INC
b. COMPANY NAME:
c. STREET ADDRESS: 1300 N 17TH ST, STE 1600
d. CITY: ARLINGTON | e. STATE: VA | f. ZIP CODE: 222093801

f. SHIP VIA:

8. TYPE OF ORDER
[ ] a. PURCHASE — 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 — 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: $600,000.00
JOB CODE: R0123 B&R NO: 54015-5A2303 BOC: 254A
FUND SOURCE: 31X0200
DUNS NO: 106173672

10. REQUISITIONING OFFICE: ADM
ADM

11. BUSINESS CLASSIFICATION (Check appropriate box(es))
[ ] a. SMALL [X] b. OTHER THAN SMALL [ ] c. DISADVANTAGED [ ] g. SERVICE-DISABLED VETERAN-OWNED
[ ] d. WOMEN-OWNED [ ] e. HUBZone [ ] f. EMERGING SMALL BUSINESS

12. F.O.B. POINT: Destination

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	16. DISCOUNT TERMS
a. INSPECTION	b. ACCEPTANCE		See below	N/A

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)
	The purpose of this modification is to: (1) add incremental funding in the amount of $600,000.00 for a new total of $2,219,660.00 (2) increase the ceiling amount by $600,000 from $1,619,660.00 to $2,219,660.00. Accordingly, this order is modified as stated. All terms and conditions remain unchanged. PREVIOUS TOTAL.....$1,619,660.00 INCREASED AMOUNT.....$ 600,000.00 NEW TOTAL.....$2,219,660.00					

SEE BILLING INSTRUCTIONS ON REVERSE

18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.		17(h) TOTAL (Cont. pages)

21. MAIL INVOICE TO:
a. NAME: U.S. Nuclear Regulatory Commission
Office of the Chief Financial Officer
b. STREET ADDRESS (or P.O. Box): Attn: Payment Team Mail Stop T-9H4
c. CITY: Washington | d. STATE: DC | e. ZIP CODE: 20555

17(i). GRAND TOTAL: $600,000.00

22. UNITED STATES OF AMERICA
BY (Signature): Elois J. Wiggins

23. NAME (Typed)
Elois J. Wiggins
Contracting Officer
TITLE: CONTRACTING/ORDERING OFFICER

TEMPLATE - ADM001 SISP REVIEW COMPLETE ADM002

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