				OR	DER FOR	SUPPLIES O	R SERVICE	S					OF PAGES	
IMPORTANT	: Mark all pack	ages and	papers with con-	tract and/or on	der numbers.		BPA NO.	<del></del>		·		1	1	
1. DATE OF ORDER 2 2. CONTRACT NO. (If any)						6. SHIP TO								
3. ORDER NO. MODIFICATION NO. DR-27-03-305 M012 4. REQUISITION/REFERENCE NO. SBC05317							a. NAME OF CONSIGNEE U.S. Nuclear Regulatory Commission Attn: Ms. Marva Gary							
v.s. 1		egulat	ndence to) cory Commis	ssion	<del></del>		b. STREET ADD							
Div of Contracts Two White Flint North - MS T-7-I-2							c. CITY d. STATE e. ZIP CODE							
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			7.	TO:			f. SHIP VIA				·			
a.NAME OF	CONTRACTOR						Ī							
		DITAC	N FOR EDU	& MOITAS	RESEARCH	<del></del>			8. TYPE OF	ORDER				
b. COMPANY NAME										DELIVERY				
c. STREET ADDRESS 5335 WISCONSIN AVE NW STE 440							Please furnish the following on the terms and conditions specified on both sides of this order contained or				billing instructions in this side only on this side only open to the term	ect to instruc y of this form	tions and is	
d. CITY	·				e. STATE	1. ZIP CODE		and on the attached sheet, If any, including issued subject the above					io 15	
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JOB CO	TING AND APPR DDE: D13! 252A NO: 87942'	52 FC	DN DATA BER NO: 5' IND SOURCE		-316 BO	\$5,000. C: 252A	0 10. REQUISITIO SBCR	NING OFFICE	SDB					
			ck appropriate bo	x(es))			_1			12. F.O.E	3. POINT			
X a. SMALL				OTHER THAN	SMALL	c. DISADVANTAGED		g. SERVICE- DISABLED VETERAN- OWNED		N/	N/A			
				. HUBZOFE		BUSINESS	<u></u>							
			13. PLACE OF	~		14. GOVERNMENT	B/L NO.		ER TO F.O.B. POII R BEFORE (Date)	νT	ig. N/A			
a. INSPECTA	ON		b. ACCEP	TANCE				As	Stated on	Orig.				
					<del></del>	17. SCHEDULE (See rev	erse for Rejections)	<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>		·	
ITEM NO.				SUPPLIES O		·		QUANTITY ORDERED	UNIT	UNIT	A	MOUNT	QUANTITY	
<u>(A)</u>	Refer to	Purc	hase Order	DR-27-0	<del></del>	nket Purchase		(C)	(D)	(E)		(F)	(G)	
	· -					nt modification			İ				_	
	for Alte	ternative Dispute Resolution Services (ADR) and m						•			İ			
	Į.		t the New	Obligated	d Amount o	n Modification	n Nos.		1		}			
						read \$49,000								
	2. Add total of			ount of s	\$5,000.00	for a new agg:	regate							
	3. Under Ordering Procedure and Limitations, change th						e							
						ows: "The agg								
	1					exceed \$54,000	0.00.		<b>,</b>					
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21. MAIL I					NL INVOICE TO:					-}		17(h)		
SEE BILLING INSTRUCTIONS ON REVERSE		a NAME U.S. Nuclear Regulatory Commission Payment Team					·				1		(Cont. pages)	
		b. STREET ADDRESS (or P.O. Box) Mail Stop T-9H4						· · · · · · · · · · · · · · · · · · ·					17(I). GRAND	
		Attn: (DR-27-03-305) c. CITY Washington					d. STATE	e. ZIP CODE 20555			O(	TOTAL		
		L	<u></u>		<del>//</del>		<del>-1/</del>	23. NAME	(Typed)		J			
22. UNITED STATES OF AMERICA BY (Signature)							Elinor Cunningham							
		(	1) Um	<u>'\</u> ,	1	unny	$\mathcal{N}$		TITLE: CONTRA	ACTING/ORDER	RING OFFICER			
AUTHORIZE	D FOR LOCAL F	EPRODU	ETION .			1					OPTIONAL FO		EV. 3/2005) R 48 CFR 53.213	
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DX-27												
			SUPPLEMENTAL INVOICING	INFORMA	TION							
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							DATE					
TOTAL CONTA	UNERS	GROSS WEIGHT .	RECEIVED AT	EIVED AT TITLE								
REPORT OF REJECTIONS												
ITEM NO.		SUPPLIES OR SERVIC	CES	UNIT	UNIT QUANTITY REJECTED REASON FOR REJECTION							
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