

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

BPA NO.

1. DATE OF ORDER

SEP 01 2005

2. CONTRACT NO. (If any)  
GS14F8853B

6. SHIP TO

3. ORDER NO.  
DR-33-05-385

MODIFICATION NO.

4. REQUISITION/REFERENCE NO. 10570859C  
CIO-05-385 7/28/2005

a. NAME OF CONSIGNEE

U.S. Nuclear Regulatory Commission  
Attn: Shane Rupinta, OIS/ICOD/COTB5. ISSUING OFFICE (Address correspondence to)  
U.S. Nuclear Regulatory Commission  
Div. of Contracts, CMB3  
Attn: Manon Butt, Cont Spc, 301-415-7035  
Mail Stop T-7-I-2  
Washington, DC 20555

b. STREET ADDRESS

Mail Stop T-5-E-72  
11545 Rockville Pike

c. CITY

Rockville

d. STATE

MD

e. ZIP CODE

20852

7. TO:

a. NAME OF CONTRACTOR

DISK-O-TAPE, INC.

b. COMPANY NAME

Attn: Richard Grant

c. STREET ADDRESS

23775 MERCANTILE ROAD

d. CITY

CLEVELAND

e. STATE

OH

f. ZIP CODE

44122-5990

9. ACCOUNTING AND APPROPRIATION DATA

B&amp;R: 510-15-5E3-338 JCN: J1230 BOC: 3131

AppNo: 31X0200.510

Obligate \$23,668.00

Contractor DUNS: 189560808

\$23,668.00

10. REQUISITIONING OFFICE CIO

Office of Information Services

11. BUSINESS CLASSIFICATION (Check appropriate box(es))

☒ a. SMALL☐ b. OTHER THAN SMALL☐ c. DISADVANTAGED☐ d. SERVICE-  
DISABLED  
VETERAN-  
OWNED☐ e. WOMEN-OWNED☐ f. HUBZone☐ g. 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)

Two weeks ARO

16. DISCOUNT TERMS

Net 30

a. INSPECTION

Destination

b. ACCEPTANCE

Destination

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)
1	<p>Disk-O-Tape, Inc. shall provide the U.S. Nuclear Regulatory Commission with the following:</p> <p>Imation #91833 9840 Tape Cartridges, with bar code labels A02545 - A02944 (label type 1687-VC)</p> <p>Tapes will be shipped from the manufacturer, Imation, to NRC; Free ground freight.</p> <p>Delivery Instructions - see Block 6 of this order.</p> <p>Disk-O-Tape Inc. Contact: Richard Grant, 800-932-8273 x 106, fax 216-765-0436, email rgrant@disk-o-tape.com</p> <p>NRC Project Officer: Shane Rupinta, 301-415-6368, email scr1@nrc.gov</p>				\$23,668.00	

18. SHIPPING POINT

19. GROSS SHIPPING WEIGHT

20. INVOICE NO.

\$23,668.00

21. MAIL INVOICE TO:

SEE BILLING  
INSTRUCTIONS  
ON  
REVERSE

a. NAME

U.S. Nuclear Regulatory Commission  
Payment Team, Mail Stop T-9-H-4

b. STREET ADDRESS (or P.O. Box)

Attn: DR-33-05-385

c. CITY

Washington

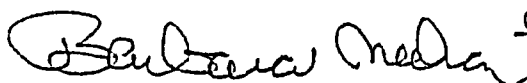
d. STATE

DC

e. ZIP CODE

20555

\$23,668.00

17(h)  
TOTAL  
(Cont.  
pages)17(i).  
GRAND  
TOTAL22. UNITED STATES OF AMERICA  
BY (Signature)


23. NAME (Typed)

Robert B. Webber  
Contracting Officer

TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION  
PREVIOUS EDITION NOT USABLEOPTIONAL FORM 347 (REV. 3/2005)  
PRESCRIBED BY GSA/FAR 48 CFR 53.213(b)

TEMPLATE - ADM001

SISP REVIEW COMPLETE

ADM002

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.

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.

CONTAINER NO. _____					DATE RECEIVED _____					SIGNATURE OF AUTHORIZED U.S. GOV'T REP. _____					DATE _____	
SHIPMENT NUMBER		PARTIAL				DATE RECEIVED		SIGNATURE OF AUTHORIZED U.S. GOV'T REP.					DATE			
		FINAL														
TOTAL CONTAINERS				GROSS WEIGHT				RECEIVED AT				TITLE				

[illegible]