ORDER FOR SUPPLIES OF						R SERVICES					PAGE OF	PAGES	
IMPORTANT: Mark all packages and papers with contract and/or order numbers.						BPA NO.							
1. DATE OF ORDER MAY 2 2 2006 2. CONTRACT NO. (II any) GS35F0810P					6. SHIP TO:								
3. ORDER NO. DR-02-06-010 MODIFICATION NO. 4. REQUISITION/REFERENCE NO. 4/1 02-06-010/5006R059						a. NAME OF CONSIGNEE U.S. Nuclear Regulatory Commission ATTN: Carolyn Boyle, NMSS/PMDA?RASB							
5. ISSUING OFFICE (Address correspondence to) U.S. Nuclear Regulatory Commission Division of Contracts/CMB3 Attn: Betty Freeman, (301) 415-0587 Mail Stop T-712 Washington, DC 20555						b.STREET ADDRESS Mail Stop T-8A23 11545 Rockville Pike							
						c.CITY Rockville				d. STATE e. ZIP CODE MS 20852			
7. TO:						I. SHIP VIA							
-	CONTRACTOR	3		-			····	A 7/05 05 05					
FLUENT INC b. COMPANY NAME						8. TYPE OF ORDER							
ATTN: AMISH THAKER									DELIVERY or billing instructions on the reverse, this				
c. STREET ADDRESS 10 CAVENDISH CT					Please furnish the following on the terms and cellivery conditions specified on both sides of this order and on the attached sheet, if any, including issued is				/Aask order is subject to instructions ed on this side only of this form and is subject to the terms and conditions bove-numbered contract.				
d. CITY LEBANO	אכ			e. STATE NH	1. ZIP CODE 037661442	delivery as indicated.				e-numbered co	ntract.		
		ROPRIATION DATA		المستحد	\$31,482.36	6 10. REQUISITIONING OFFICE NMS							
J5573	6-50)15-366-160 31	42 31%	.0200		OFFICE	OF NUCL N	MAT'L SAFETY	& SAFEG	UARDS			
11. BUSINES		TION (Check appropriate bo	x(es)) . OTHER THAN S	MALL	c. DISADVAN	<u></u>			1	F.O.B. POINT Destination			
	OMEN-OWNED C. DISABUED VETERAN-OWNED C. HUBZone C. HUBZone C. DISABLED VETERAN-OWNED C. BUSINESS C. BUS												
		13. PLACE OF			14. GOVERNMENT B/	'L NO.		R TO F.O.B. POINT BEFORE (Date)		16. DISCOU	NT TERMS		
a. INSPECTION b. ACCEPTANCE						15 DAYS ARO			NET 30				
				17	. SCHEDULE (See rever	se for Rejections)				<u>.</u>			
ITEM NO. (A)			SUPPLIES OR (B)	SERVICES			QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AN	IOUNT (F)	QUANTITY ACCEPTED (G)	
	DUNS:	785896093											
001	Period of Performance - 06/07/06 through 06/06/07									\$31,482.36			
002	Option Year 1 - 06/07/07 through 06/06/08									\$	5,352.00		
003	003 Option Year 2 - 06/07/08 through 06/06/09									\$	5,352.00		
					•]				1			
	Contrac	tor Contact:										ļ	
	NRC Con	tact: Carolyn B	oyle, (30	01) 415-78:	18								
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		18. SHIPPING POINT		19. GHO	SS SHIPPING WEIGHT		20. INVOIC	E NO.		\$3	1,482.36		
21. MAIL INVOICE TO:					INVOICE TO:]		17(h) TOTAL	
INSTRU	ILLING CTIONS ON	a NAME U.S. Nuclear Regulatory Commission Payment Team, Mail Stop T-9-H-4										(Cont. pages)	
REV	ERSE	b. STREET ADDRESS (or Attn: (DR-0)							17(I). GRAND TOTAL				
		C. CITY Washington				d. STATE DC	e. ZIP CODI 2055!			531,482.	36		
22. UNITED S BY (Sig	TATES OF AM	ERICA	~					Typed) ert B. Webbe tracting Off					
		THULL						TITLE: CONTRACT		NG OFFICER			

TEMPLATE OF ADMOOT

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SUNSI REVIEW COMPLETE

OPTIONAL FORM 347 (REV. 3/2005)
PRESCRIBED BY GSA/FAR 48 CFR 53.213(o)

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 activ	ity during the same billing perio	d, consolidated periodic billing	s are encou	raged.	•						
RECEIVING REPORT												
Quantity in the "Quantity Accepted" column on the face of this order has been: inspected, accepted, received by me and												
		listed below have been rejecte		Inspect	^{eu,}	accepted,	receive	u by me and				
COMOMIS TO	7	isted below have been Tejecte		T								
SHIPMENT	PARTIAL		DATE RECEIVED	SIGNATURE	OF AUTHORIZED U.S	S. GOV'T REP.		DATE				
NUMBER	FINAL											
TOTAL CONTA					TITLE							
TOTAL CONTA	incho	GNOSS WEIGHT	THEOLIVED AT	Inte								
REPORT OF REJECTIONS												
TCM NO	CLIDDLIES OD SEDVICES				UNIT QUANTITY PEACON FOR PETERSON							
ITEM NO.	SUPPLIES OR SERVICES			UNIT	REJECTED			REASON FOR REJECTION				
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