

			ORI	DER FO	R SUPP	LIES OR	SERVICI	ES					PAGE OF	PAGES
IMPORTANT	r: Mark all pack	ages and papers with cont	ract and/or order numl	ers.			BPA NO.						1	2
1. DATE OF ORDER 11 0 2 7607 2. CONTRACT NO. (If any) GS03F0034N					6. SHIP TO: a. NAME OF CONSIGNEE									
3. ORDER NO).	MODIFICATION	O. 4. REQUISITION ACR-07-311		NO.		u.S. N	r consignee uclear Regula	tory Commis	sion				
DR-11-0			ACK-07-311				b. STREET							
		tory Commission						: Barbara Jo N Rockville Pik						
U.S. Nuclear Regulatory Commission Div. of Contracts Attn: Contract Management Branch No. 1					Mail Stop T-2-E-26									
Mail Stop T-7-I-2						c. CITY Washin	acton		d. STATE c. ZIP CODE DC 20555					
Washing	gton, DC 205	55	7, TO:				f. SHIP VIA	igion				- DC		0555
a.NAME OF C	ONTRACTOR		7. 10.											
EXHIBI	TONE COR	PORATION							8.	TYPE OF ORI	DER			
b. COMPANY NAME						→ □ a. P	a. purchase							
							REFERENCI	E YOUR h the following on	the terms and			or billing instruc		
c. STREET AD		PE 120					conditions sp	ecified on both sid	es of this order		containe	d on this side on	ly of this for	m and is
14601 S	50TH ST ST	TE 120					delivery as in	tached sheet, if any dicated.	, including			thject to the term ove-numbered c		uons
d. CITY PHOENI				c. STATE AZ	r. zip cot 850446									
		PRIATION DATA		AZ	\$45,382.4		10. REQUISI	TIONING OFFIC	E ACR					
	/R-15-111-38 lo.: 0614427	86 JCN: N7326 BOC	: 252A APPN: 31	X0200			Advisory	Committee or	n Reactor Saf	eguards			•	
	d Amount: \$													
11. BUSINESS	CLASSIFICATI	ON (Check appropriate box	es))			_				12. 1	F.O.B. PC	TVIC		
X a. SMAL	L		b. OTHER THAN SM	IALL		c. DISADVANT	AGED		g. SERVICE-		Desti	nation		
d. WOMI	EN-OWNED		c. HUBZone	•		r. emerging s	MALL BUSINESS	S	DISABLED VETERAN- OWNED					
		13. PLACE ()F			14. GOVERNM	ENT B/L NO.		R TO F.O.B. POI	NT		16. DISCOUNT	TERMS	
a. INSPECTION	٧	b.	ACCEPTANCE		***	1	•	ON OR	BEFORE (Date)			Net 30 d	avs	
					17. SCHEDUI	E (See reverse for	r Rejections)							
ITEM NO.			SUPPLIES OR SI	ERVICES				QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)		AMOUNT (I)		QUANTITY ACCEPTED (g)
	The contr	actor shall provide t	ne necessary labor	, equipment	t,									
l		materials, software, the work outlined in							See CO	NTINUATI	ON Pa	ice		
	complete	the work outlined in	uic attached quot	.	-						1	.50		
									1					
	The total amount of this order for the products/ services ordered, delivered, and accepted under this order is \$45,382.48.													
[[[1			
ŀ		ect Officer: Barbara												
	NRC Con	tract Specialist: Brai	ndi K. Hamilton, 3	01-415-050	19.									
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	·	T	•	Tro or	.000 0147777			20, INVOIC	<u></u>	······································				-
		18. SHIPPING POINT		19. GA	ROSS SHIPPIN	G WEIGHT		20. INVOIC	t NO.		ļ .			
21, MAIL INVOICE TO:						<u> </u>						17(h)		
SEE BILLING 1.1.5 Number Permitter Commission					\$45,382.48									
ON Division of Contracts, Mail Stop T-7-I-2 b. STREET ADDRESS (or P.O. Box) Attn: (DR-11-07-311)								·			L			(Cont. pages)
								· · · · · · · · · · · · · · · · · · ·				17(i).		
						<u> </u>	****		45.25	22.40		GRAND TOTAL		
c. CITY Washington					-	d. STATE DC					45,382.48 845,382.48			
		domington	,				l		\mut\		,58			
22. UNITED ST. BY (Signature)	ATES OF AMER	NICA D 1	1 h	7 /	7 /	1			ene McCubb					
J. (Jignature)		11/	1/20 11	1/		,		Cont	racting Office TITLE: CONTRA		EDING O)EEICED		
		ベナルスイ	yne/	~/// /	, 10 ph	<u>~</u>			TILE: CONTRA	TO I ING/ORDI	ERING C	N LICEK		

AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITION NOT USABLE TO TEMPLATE - ADMON

SUNSI REVIEW COMPLETE:

OPTIONAL FORM 347 (REV. 4/2006) PRESCRIBED BY GSA/FAR 48 CFR 53.213(f)



DR-11-07-311

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			SUPPLEMENTAL INVOICING	SINE	ORMA	TION							
		thereof) may be used by the Contra											
		is on (or attached to) the order: "Pag											
However, if the Contractor wishes to submit an invoice, the following information must be provided: contract number (if any), order number, item number(s),													
	scription of supplies or services, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the												
	woice. 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 woiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.												
invoiced to a	n ordering activity	y during the same billing period, co	RECEIVING RI										
		epted" column on the face of this or ted below have been rejected for th		ın	spected,	·		accepted,	received by me and				
conforms to c	PARTIAL	ted below have been rejected for th	DATE RECEIVED	Taran	ATURE	F AUTHORIZED		OCULT DED	1 1		DATE		
SHIPMENT	PARTIAL		DATE RECEIVED	SIUN	ATUREU	r AUTHORIZED	0.5.	GOV I KEP.			DATE		
NUMBER	FINAL			1									
TOTAL CONTAI	INERS	GROSS WEIGHT	RECEIVED AT	TITLE	E	····		·····					
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ITEM NO.	SUPPLIES OR SERVICES					QUANTITY REJECTED		REASON FOR REJECTION					
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