

**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 <b>JUL 1 8 2007</b>		2. CONTRACT NO. (if any) GS35F0605L		6. SHIP TO:	
3. ORDER NO. DR-33-07-368		MODIFICATION NO.		a. NAME OF CONSIGNEE U.S. Nuclear Regulatory Commission	
5. ISSUING OFFICE (Address correspondence to) U.S. Nuclear Regulatory Commission Div. of Contracts - CMB3 Attn: Richard Bright Mail Stop T-7-I-2 Washington, DC 20555		4. REQUISITION/REFERENCE NO. OIS-07-368 10770691C		b. STREET ADDRESS Attn: Tu Tran Mail Stop: T6E80 11545 Rockville Pike	
7. TO:		c. CITY Rockville		d. STATE MD	e. ZIP CODE 20852
a. NAME OF CONTRACTOR PRIMAVERA SYSTEMS INC		f. SHIP VIA		8. TYPE OF ORDER	
b. COMPANY NAME		<input type="checkbox"/> a. PURCHASE		<input checked="" type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS 3 BALA PLZ		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.		Except for billing instructions on the reverse, this delivery 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.	
d. CITY BALA CYNWYD		e. STATE PA	f. ZIP CODE 190043481	10. REQUISITIONING OFFICE CIO Office Information Services	
9. ACCOUNTING AND APPROPRIATION DATA 710-15-5F1-340 JC:J1270 BOC:252A Obligate 11,621.00 710-15-5F1-342 JC:J1278 BOC:252A Obligate 25,006.20 AN: 31X0200.710		\$36,627.20		12. F.O.B. POINT Destination	
11. BUSINESS CLASSIFICATION (Check appropriate box(es))		13. PLACE OF		14. GOVERNMENT B/L NO.	
<input type="checkbox"/> a. SMALL		<input checked="" type="checkbox"/> b. OTHER THAN SMALL		<input type="checkbox"/> c. DISADVANTAGED	
<input type="checkbox"/> d. WOMEN-OWNED		<input type="checkbox"/> e. HUBZone		<input type="checkbox"/> f. EMERGING SMALLBUSINESS	
<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)		16. DISCOUNT TERMS Net 30 Days	
a. INSPECTION		b. ACCEPTANCE		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)
	Duns: 101412955  The NRC accepts Primavera's Quote#1 dated July 5,2007 in accordance with GSA Contract: GS35F0605L					
001	132-33 PRST-USR-99 ProSight Portfolios Full Named User License ProSight User Licenses - 50-99 users "Forms-Only"				\$31,040.00	
002	Software Maintenance				\$5,587.00	
	NRC POC: Tu Tran - 301-415-7119  Primavera POC: Kevin Campbell - 571-214-6144					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		\$36,627.00	
SEE BILLING INSTRUCTIONS ON REVERSE		21. MAIL INVOICE TO:					
		a. NAME U.S. Nuclear Regulatory Commission Payment Team, Mail Stop T-9-H-4					
		b. STREET ADDRESS (or P.O. Box) Attn: (DR-33-07-368)					
c. CITY Washington		d. STATE DC	e. ZIP CODE 20555		\$36,627.20		17(h) TOTAL (Cont. pages)
22. UNITED STATES OF AMERICA BY (Signature) 		23. NAME (Typed) Valerie M. Whipple Contract Officer		TITLE: CONTRACTING/ORDERING OFFICER		17(i) GRAND TOTAL	

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.

Table with columns: SHIPMENT NUMBER, PARTIAL/FINAL, DATE RECEIVED, SIGNATURE OF AUTHORIZED U.S. GOV'T REP., DATE, TOTAL CONTAINERS, GROSS WEIGHT, RECEIVED AT, TITLE

REPORT OF REJECTIONS

Table with columns: ITEM NO., SUPPLIES OR SERVICES, UNIT, QUANTITY REJECTED, REASON FOR REJECTION