ORDER FOR SUPPLIES OR SERVICES

Form Approved

Page 1 Of 7

1. Contract/Purch Order No.	2. Delivery Order No.	3. Date Of Order	4. Requisition/Purch Request No.	5. Certified for National Defense Under DMS Reg 1 Priority
GS10F0164J	DAAE20-01-F-0010		SEE SCHEDULE	DOAb

6. Issued By Code W52H09
TACOM-ROCK ISLAND
AMSTA-CH-CRES
ELIZABETH LANGDON (309)782-4525
ROCK ISLAND IL 61299-7630

EMAIL: LANCDON@RIA.ARMY.MIL

7. Administered By (If other than 6) Code W52H09
DR ACALA
ATTN FIN AND ACCT OFC
ROCK ISLAND IL 61299-5000

SCD C PAS NONE ADP PT W52H09

8. Delivery FOB
☐ Dest
☒ Other
(See Schedule if other)

9. Contractor Code 08FT1 Facility Code
LOGISTICS VALUE INTEGRATIONS INC
10803 SEANHOPE PLACE SUITE 800
FAIRFAX VA 22032-2936

TYPE BUSINESS: Other Small Business Performing in U.S.

10. Deliver To FOB Point By (Date)
SEE SCHEDULE

11. Mark If Business Is
☒ Small
☐ Small Disadvantaged
☐ Woman-Owned

12. Discount Terms

13. Mail Invoices To See Block 15

14. Ship To Code
SEE SCHEDULE

15. Payment Will Be Made By Code HQ0104
DFAS ST LOUIS
ATT DFAS-SL-FPV
4300 GOODFELLOW BLVD BLDG 110
PO BOX 200009
ST LOUIS MO 63120-0009

Mark All Packages And Papers With Contract Or Order Number

16. TYPE OF ORDER

Delivery	X	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
Purchase		Reference your ☐ Oral; ☐ Written Quotation , Dated Furnish the following on terms specified herein. Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.

LOGVALU Corp. — Name Of Contractor
[signature] — Signature
President — Typed Name And Title
12-20-2000 — Date Signed

☐ If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE

18. Item No.	19. Schedule Of Supplies/Service	20. Quantity Ordered/Accepted*	21. Unit	22. Unit Price	23. Amount
	SEE SCHEDULE CONTRACT TYPE: Labor-Hour Firm-Fixed-Price KIND OF CONTRACT: Service Contracts Other				

* If quantity accepted by the Government is same quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. United States Of America
By: REBECCA A HORST Contracting/Ordering Officer
HORST@RIA.ARMY.MIL (309)782-7252

25. Total $962,000.00
29. Differences

26. Quantity In Column 20 Has Been
☐ Inspected ☐ Received ☐ Accepted And Conforms To Contract Except As Noted

Date Signature Of Authorized Govt Representative

27. Ship. No.
☐ Partial
☐ Final

28. D.O. Voucher No.

30. Initials

31. Payment
☐ Complete
☐ Partial
☐ Final

32. Paid By

33. Amount Verified Correct For

34. Check Number

35. Bill Of Lading No.

36. I certify this account is correct and proper for payment

Date Signature And Title Of Certifying Officer

37. Received At	38. Received By	39. Date Received	40. Total Containers	41. S/R Account No.	42. S/R Voucher No.

DD Form 1155, JUL 87 Previous editions are obsolete Contractor Must Submit Four Copies Of Invoice