ORDER FOR SUPPLIES OR SERVICES

1 0

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

1. DATE OF ORDER: 08/26/2003
2. CONTRACT NO. *(If any)*: GS35F4677G
3. ORDER NO.: NBB030012
4. REQUISITION/REFERENCE NO.:
5. ISSUING OFFICE *(Address correspondence to)*:
BLM NATIONAL BUSINESS CENTER
BC660, BLDG 50, DFC, PO BOX 25047
DENVER CO 80225-0047

6. SHIP TO:
a. NAME OF CONSIGNEE: No Shipping Information
b. STREET ADDRESS:
c. CITY:
d. STATE:
e. ZIP CODE:
f. SHIP VIA:

7. TO:
a. NAME OF CONTRACTOR: **Rachel Berrios 703 621-1700**
b. COMPANY NAME: **NCS Technologies, Inc**
c. STREET ADDRESS: **9490 Innovation Loop**
d. CITY: **Manassas**
e. STATE: **VA**
f. ZIP CODE: **20110-2214**

8. TYPE OF ORDER
[X] a. PURCHASE
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.
[ ] b. DELIVERY - 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.

9. ACCOUNTING AND APPROPRIATION DATA:

10. REQUISITIONING OFFICE: BLM NATIONAL BUSINESS CENTER

11. BUSINESS CLASSIFICATION *(Check appropriate box(es))*
✓ a. SMALL
b. OTHER THAN SMALL
✓ c. DISADVANTAGED
d. WOMEN-OWNED

12. F.O.B. POINT: Destination
13. PLACE OF
a. INSPECTION:
b. ACCEPTANCE:
14. GOVERNMENT B/L NO.:
15. DELIVER TO F.O.B. POINT ON OR BEFORE *(Date)*:
16. DISCOUNT TERMS
10 days %
20 days %
30 days %
days %

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)
	SEE LINE ITEM DETAIL					

SEE BILLING INSTRUCTIONS ON REVERSE

18. SHIPPING POINT:
19. GROSS SHIPPING WEIGHT:
20. INVOICE NO.:
21. MAIL INVOICE TO:
a. NAME: No Invoice Information
b. STREET ADDRESS *(or P.O. Box)*:
c. CITY:
d. STATE:
e. ZIP CODE:

17(h) TOT. *(Cont. pages)*

17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY ***(Signature)***

23. NAME *(Typed)*: John W. Sherman
TITLE: CONTRACTING/ORDERING OFFICER

SUPPLEMENTAL INVOICING INFORMATION

If desired, this order (or a 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 service, 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.

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

ITEM NO.	SUPPLIES OR SERVICES	UNIT	QUANTITY REJECTED	REASON FOR REJECTION

Period of Performance

Start date: 08/25/2003 End date: 08/25/2004

Limits

Not to Exceed Call: 50,000,000.00

Authorized Limit: 50,000,000.00

Catalog

Name:

Number:

See Attached for Laptop Speciifcations, NCST Corporation Pricing Model and the BPA's Terms and Conditions