ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

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

1. DATE OF ORDER	2. CONTRACT NO. (If any)	6. SHIP TO:
		6a. NAME OF COSIGNEE: NASA Johnson Space Center
3. ORDER NO.	4. REQUISITION/REF NO.	6b. STREET ADDRESS: 2101 NASA Parkway
5. ISSUING OFFICE (Address correspondence to): NASA Johnson Space Center Procurement Office/Sharyn Lee Willis/BH2		6c. CITY: Houston; 6d. STATE: TX; 6e. ZIP CODE: 77058-3696
7. TO:		6f. SHIP VIA
7a. NAME OF CONTRACTOR: SAMPLE OPTIONAL FORM 347		8. TYPE OF ORDER: ☐ a. PURCHASE ☐ b. DELIVERY
7b. COMPANY NAME		REFERENCE YOUR _____ Please furnish the following on the terms and conditions specified on both side of this order and on the attached sheet, if any, including delivery as indicated.
7c. STREET ADDRESS		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.
7d. CITY; 7e. STATE; 7f. ZIP CODE		
9. ACCOUNTING AND APPROPRIATION DATA		10. REQUISITIONING OFFICE: Procurement/BH2

11. BUSINESS CLASSIFICATION: *(Check appropriate boxes)*

☐ a. SMALL ☐ b. OTHER THAN SMALL ☐ c. DISADVANTAGED ☐ g. SERVICE DISABLED VETERAN OWNED

☐ d. WOMEN-OWNED ☐ e. HUBZone ☐ f. EMERGING SMALL BUSINESS

12. F.O.B. POINT: Destination

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	16. DISCOUNT TERMS
13a. INSPECTION	13b. ACCEPTANCE		Destination	

17. SCHEDULE ***(See page 2 for Rejections)***

ITEM NO. a.	SUPPLIES OR SERVICES b.	QUANTITY ORDERED c.	UNIT d.	UNIT PRICE e.	AMOUNT f.	QUANTITY ACCEPTED g.
1	The purpose of this action is to issue Task Order 1 which will provide the personnel with the skills, experience, and tools necessary to provide the Resource Management as described on the following pages of this document.					
2	Period of Performance: One (1) Year					
3	Estimated Total Cost: $TBD Fixed Fee: $TBD Estimated Value: $TBD					

SEE BILLING INSTRUCTIONS ON PAGE 2	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.
	21. MAIL INVOICE TO:		
	a. NAME: NASA Johnson Spce Center		
	b. STREET ADDRESS (or P.O. Box): 2101 NASA Parkway		
	c. CITY: Houston	d. STATE: TX	e. ZIP CODE: 77058-3696

◀ 17h. TOTAL (Cont. pages)

◀ 17i. GRAND TOTAL

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

23. NAME OF CONTRACTING/ORDERING OFFICER: James P. Gips/Contracting 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, provide 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 landing or a 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 REC'D	SIGNATURE OF AUTHORIZED US GOVT. REP	DATE
TOTAL CONTAINERS	GROSS WEIGHT	RECEIVED AT	TITLE	

REPORT OF REJECTIONS

ITEM NO.	SUPPLIES OF SERVICES	UNIT	QUANTITY REJECTED	REASON FOR REJECTION
	SAMPLE OPTIONAL FORM 347			

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE – CONTINUATION

PAGE NO.

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

1. DATE OF ORDER	2. CONTRACT NO. (If any)	3. ORDER NO.

ITEM NO. (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)
	SAMPLE OPTIONAL FORM 347					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17H) ►					