ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF PAGES

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

1. DATE OF ORDER

2. CONTRACT NO. *(If any)*

3. ORDER NO.

4. REQUISITION/REFERENCE NO.

5. ISSUING OFFICE *(Address correspondence to)*
NASA Langley Research Center

6. SHIP TO:
a. NAME OF CONSIGNEE
NASA Langley Research Center
b. STREET ADDRESS
5 Langley Blvd., Building 2101, M.S. 12
c. CITY Hampton
d. STATE VA
e. ZIP CODE 23681-2199
f. SHIP VIA

7. TO:
a. NAME OF CONTRACTOR
b. COMPANY NAME
c. STREET ADDRESS
d. CITY
e. STATE
f. ZIP CODE

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
See Schedule

10. REQUISITIONING OFFICE
NASA Langley Research Center

11. BUSINESS CLASSIFICATION (*Check appropriate box(es)*)
[ ] a. SMALL [ ] b. OTHER THAN SMALL [ ] c. DISADVANTAGED [ ] d. WOMEN-OWNED [X] e. HUBZone
[ ] f. SERVICE-DISABLED VETERAN-OWNED [ ] g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM [ ] h. EDWOSB

12. F.O.B. POINT
Destination

13. PLACE OF
a. INSPECTION Destination
b. ACCEPTANCE Destination

14. GOVERNMENT B/L NO.

15. DELIVER TO F.O.B. POINT ON OR BEFORE *(Date)*
09/30/2016

16. DISCOUNT TERMS
NT30

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)
0001	NASA Langley Geospatial Support Services	1	ea			

SEE BILLING INSTRUCTIONS ON REVERSE

18. SHIPPING POINT

19. GROSS SHIPPING WEIGHT

20. INVOICE NO.

21. MAIL INVOICE TO:
a. NAME
NASA Shared Services Center, Financial Management Division, Accounts Payable
b. STREET ADDRESS *(or P.O. Box)*
Building 1111, C Road, NSSC-AccountsPayable@nasa.gov
c. CITY Stennis Space Center
d. STATE MS
e. ZIP CODE 39529-6000

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

$ **17(i) GRAND TOTAL**

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

23. NAME *(Typed)*
Lisa M. Harvey
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		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
	FINAL				
TOTAL CONTAINERS		GROSS WEIGHT	RECEIVED AT	TITLE	

REPORT OF REJECTIONS

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