

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. HDEC03-12-D-0005	2. DELIVERY ORDER/ CALL NO. 0005	3. DATE OF ORDER/ CALL (YYYYMMDD) 2015 Jan 20	4. REQ./ PURCH. REQUEST NO. HDEC0315R9011	5. PRIORITY
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6. ISSUED BY DEFENSE COMMISSARY AGENCY CONSTRUCTION - DESIGN BRANCH 2250 FOULOUS STREET, SUITE 3 LACKLAND AFB TX 78236	CODE HDEC03	7. ADMINISTERED BY (if other than 6) SEE ITEM 6	CODE	8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)
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9. CONTRACTOR SUMMIT CONSTRUCTION, INC. CHARLES JOHNSON 120 COMMERCIAL PKWY SANTA ROSA BEACH FL 32459-3290	CODE 342B8	FACILITY 342B8	10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
			12. DISCOUNT TERMS Net 14 Days	
13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15				

14. SHIP TO REDSTONE ARSENAL COMMISSARY STORE DIRECTOR 3224 ACTON ROAD HUNTSVILLE AL 35898-7210	CODE HQCSJF	15. PAYMENT WILL BE MADE BY DFAS-WIDE AREA WORK FLOW DFAS - CVDAAA/CO P.O. BOX 369016 COLUMBUS OH 43236-9016	CODE HQ0131	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
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16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE	<input type="checkbox"/>	Reference your quote dated Furnish the following on terms specified herein. REF:

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.

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)
<input type="checkbox"/> 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/ SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
SEE SCHEDULE					

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.	24. UNITED STATES OF AMERICA TEL: 210-671-8444 EMAIL: J.Gazaway@deca.mil BY: J B GAZAWAY	 CONTRACTING / ORDERING OFFICER	25. TOTAL \$2,565,403.00	26. DIFFERENCES
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27a. QUANTITY IN COLUMN 20 HAS BEEN

INSPECTED RECEIVED ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	c. DATE (YYYYMMDD)	d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
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e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	28. SHIP NO.	29. DO VOUCHER NO.	30. INITIALS
f. TELEPHONE NUMBER	g. E-MAIL ADDRESS		32. PAID BY
			33. AMOUNT VERIFIED CORRECT FOR

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

a. DATE (YYYYMMDD)	b. SIGNATURE AND TITLE OF CERTIFYING OFFICER
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31. PAYMENT	34. CHECK NUMBER
<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.
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Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0001	COMMISSARY BUILDING MAINT & REPAIR FFP COMMISSARY BUILDING MAINTENANCE AND REPAIR: Provide all plant, labor, equipment, and materials necessary to complete all items specifically identified as Budget Category "M&R" as indicated in the plans and specifications per Section 01 10 00, "SUMMARY OF WORK FOB: Destination PURCHASE REQUEST NUMBER: HDEC0315R9011 SIGNAL CODE: A	1	Job	\$2,379,773.00	\$2,379,773.00
				MAX NET AMT	\$2,379,773.00
	ACRN AA CIN: HDEC0315R901101				\$2,379,773.00

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0002	COMMISSARY EQUIPMENT FFP COMMISSARY EQUIPMENT: Provide all plant, labor, equipment, and materials necessary to complete all items specifically identified as "Equipment" in the plans and specifications per Section 01 10 00, "SUMMARY OF WORK". FOB: Destination PURCHASE REQUEST NUMBER: HDEC0315R9011	1	Job	\$185,630.00	\$185,630.00
				MAX NET AMT	\$185,630.00
	ACRN AB CIN: HDEC0315R901102				\$185,630.00