

ORDER FOR SUPPLIES OR SERVICES							PAGE 1 OF
1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. W91QUZ-04-A-0002		2. DELIVERY ORDER/ CALL NO.		3. DATE OF ORDER/CALL 2004 Jul 17	4. REQ./PURCH. REQUEST NO.		5. PRIORITY
6. ISSUED BY ARMY CONTRACTING AGENCY-ITEC4 2461 EISENHOWER AVE ALEXANDRIA VA 22331-1700			7. ADMINISTERED BY SEE ITEM 6	8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR COMPUTER ASSOCIATES INTERNATIONAL, INC. 2291 WOOD OAK DRIVE HERNDON VA 20171-2823		10. DELIVER TO FOB POINT BY (Date) SEE SCHEDULE	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS		
		13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15					
14. SHIP TO SEE SCHEDULE		15. PAYMENT WILL BE MADE BY		16. TYPE OF ORDER DELIVERY/ CALL PURCHASE			17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE
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:
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: 703-325-8716 EMAIL: Donna.Harris@itec4.army.mil BY: Donna S. Harris		25. TOTAL 29. DIFFERENCES 30. INITIALS	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____				27. SHIP NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	28. DO VOUCHER NO. 32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR	34. CHECK NUMBER
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <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.		

THIS DOCUMENT IS A SIGNATURE PAGE ONLY. A COMPLETE COPY OF THE
BPA IS LOCATED AT MOD P00001.