

ORDER FOR SUPPLIES OR SERVICES

Form Approved
OMB No. 0704-0187
Expires Aug 31, 1992

PAGE 1 OF 1

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

1. CONTRACT / PURCH ORDER NO. DAAL03-91-M-0004		2. DELIVERY ORDER NO.		3. DATE OF ORDER 9 Oct 91		4. REQUISITION / PURCH REQUEST NO.		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY Procurement Office U. S. Army Research Office P. o. Box 12211 Research Triangle Park, NC 27709-2211				7. ADMINISTERED BY (If other than 6) Cara W. Osborne - Purchasing Agent Telephone (919) 549-4315		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)		DO	
9. CONTRACTOR NAME AND ADDRESS Professor James R. Thompson Rice University Department of Mathematics Wiess School of Natural Sciences P. O. Bcx 1892 Houston, TX 77251-1892				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) See Block #19 below.		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO Property Officer U. S. Army Research Office 4300 South Miami Blvd., P.O. Box 12211 Research Triangle Park, NC 27709-2211				15. PAYMENT WILL BE MADE BY Finance and Accounting Office U. S. Army Research Office P. O. Box 12211 Research Triangle Park, NC 27709-2211		12. DISCOUNT TERMS Net		13. MAIL INVOICES TO See Block Number 15 below.	

16. TYPE OF ORDER	DELIVERY	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
	PURCHASE	<input checked="" type="checkbox"/>	Reference your _____ furnish the following on terms specified herein.						
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 _____
 If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA / LOCAL USE

21X8927 0020 64-8919 4150 S31124 \$500.00
 ADVANCE PAYMENT AUTHORIZED

18. ITEM NO.	19. SCHEDULE OF SUPPLIES / SERVICE	20. QUANTITY ORDERED / ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0C01	Type of Contract: (X) Fixed-Price () Unpriced (Not to Exceed - NTE) Increases shall not be automatically added to this contract without prior written authorization of the ARO Contracting Officer. See Attachment I for the General provisions applicable to this contract.				\$500.00
0C02	Winner of the 1991 Wilks Award for statistical contributions in Army research, development and testing.				

* 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 HODGES T. THROCKMORTON BY: <i>Hodges, Throckmorton</i> 10/5/91 ORDERING OFFICER		25. TOTAL \$500.00	
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		27. SHIP. NO.		29. DIFFERENCES	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
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		32. PAID BY	
37. RECEIVED AT		38. RECEIVED BY		33. AMOUNT VERIFIED CORRECT FOR	
39. DATE RECEIVED		40. TOTAL CONTAINERS		34. CHECK NUMBER	
41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		35. BILL OF LADING NO.	