ORDER FOR SUPPLIES OR SERVICES							FORM APPROVED OMB NO. 0704-0187			PAGE 1 OF 3	
1. CONTRACT/PURCHASE ORDER NO. 2. DELIVERY ORDER NO. NO0189-16-D-0029 H824				3. DATE OF 0 11 AUG 20	AUG 2016 4. REQUISITION/PURCHASE REQUEST NO. N0002416RX00064				NO.	5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG DO DO-C9E	
NAVAL SAFETY AND ENVIRONMENTAL TRAININGFLEETCENTERACQUIS9080 BREEZY POINT CRESCENT1968 G						TERED BY (IF OTHER THAN ITEM 6) CODE N00189 AND INDUSTRIAL SUPPLY CENTER, NORFOLK SITION DEPARTMENT SILBERT STREET, SUITE 600 K, VA 23511-3392				<pre>8. DELIVERY FOB [ ) DEST [X] OTHER (SEE SCHEDULE IF OTHER)</pre>	
9. CONTRACTOR CODE 1SGA8 PRECISION PLANNING AND SIMULATIONS 487A MEADSTOWN ROAD ELIZABETH CITY, NC 27909						10. DELIVER TO FO (DATE) SEE PAGE 12. DISCOUNT TERM NET 30 DAYS			2	11. MARK IF BUSINESS IS: ( )SMALL	
RESPONSIBLE OFFICIAL: TOM MARQUETTE 252-562-0908 TIN: 562081242						13. MAIL INVOICES TO SEE BLOCK 19				[ ]SMALL- DISADVANTAGED WOMAN OWNED	
14. SHIP TO: CODE: N91732 COMMANDING OFFICER, NAVAL SAFETY & ENVIRONMENTAL TRAINING CENTER 9080 BREEZY POINT CRESCENT NORFOLK, VA 23511-3998					15. PAYMENT WILL BE MADE BY DFAS CLEVELAND CENTER PO BOX 998022 FOR PAYMENT INQUIRIES CALL CLEVELAND, OH 44199-8022					MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY T O	0 THE ABOVE NUMBERED CONTRACT.										
Y R P D E E R O F PURCHASE REFERENCE YOUR WRITTEN QUOTE BY:											
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: SEE SCHEDULE											
18. 19. SCHEDULE OF SUPPLIES/SERVICES						20. 21. 22. QUANTITY UNIT UNIT UNIT			C PRICE	23. AMOUNT	
SUBMIT INVOICE TO: COMMANDING OFFICER NAVAL SAFETY & ENVIRONMENTAL TRAINING CENT ATTN: MARK SOLBERG (757)445-8778, X347 9080 BREEZY POINT CRESCENT NORFOLK, VA 23511-3998										\$14,570.00	
*IF THE QUANTITY ACCEPTED BY THE GOVERNMENT +IS SAME AS IS QUANTITY ORDERED, INDICATE BY "X" IF DIFFERENT, ENTER ACTUAL QUANTITY							I		25. TOTAL	\$14,570.00	
ACCEPTED BELOW QUANTITY ORDERED AND ENCIRCLE.								29. DIFFERENCES			
by: DEBORAH CEBE CONTRACTING/ORDERING OFFICER 26. QUANTITY IN COLUMN 20 HAS BEEN 27. SHIP. NO. 28. D.O. VOUCHER NO. 30.											
26. QUANTITY IN COLUMN 20 HAS BEEN [ ] INSPECTED [ ] RECEIVED [ ] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED					27. SH	11P. NO.	28. D.O.	VOUCHER NO.	30. INITIALS		
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						[ ] PARTIAL [ ] FINAL 32. PAID BY			33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT					31. PAYMENT				34. CHECK NUMBER		
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER						[ ] COMPLETE [ ] PARTIAL [ ] FINAL			35. BILL OF I	ADING NO.	
37. RECEIVED AT	38. RECEIVED	BY	39. DATE	RECEIVED	40. TC	OTAL CONTAI	NERS 41	. S/R ACCOUNT	NUMBER	42. S/R VOUCHER NO.	
DD FORM 1155,	SEP 89	PREVIOU	JS EDITIONS A	RE OBSOLET	Έ	CO	NTRACTOR	MUST SUBM	IT FOUR COP	IES OF INVOICE	

CONTINUATION SHEET

SECTION B -- SUPPLIES OR SERVICES AND PRICES

1001 INCIDENT COMMAND SYSTEM 300 1 EA \$7,075.00 \$7,075.00 COURSE (A-493-2300), PERFORMED IN ACCORDANCE WITH THE PERFORMANCE WORK STATEMENT 4 - 5 OCTOBER 2016 ACRN: AA

- 1004 OIL AND HAZARDOUS SUBSTANCE 1 EA \$3,995.00 \$3,995.00 SPILL TABLETOP EXERCISE (A-493-2500), IN ACCORDANCE WITH THE PERFORMANCE WORK STATEMENT 6 OCTOBER 2016 ACRN: AB
- 1007 TRAVEL AND PER DIEM 1 LO \$3,500.00 REIMBUSED AT CURRENT JOINT TRAVEL REGULATION (JTR) RATE FOR 1 INSTRUCTOR TRAVEL DAYS 1 - 7 OCTOBER 2016 TO ALLOW 3 TRAVEL DAYS BEFORE AND 1 TRAVEL DAY AFTER DATE OF COURSE CONVENING ACRN: AC

TOTAL ESTIMATED PRICE \$14,570.00

ACCOUNTING AND APPROPRIATION: AA: 1761804 8B2B 252 68963 0 050120 2D 000000 A00003130441 \$7,075.00 AB: 1761804 8B2B 252 68963 0 050120 2D 000000 A00003130441 \$3,995.00 AC: 1761804 8B2B 252 68963 0 050120 2D 000000 A00003130441 \$3,500.00

Funding document number: N0002416RX00064

PLACE OF PERFORMANCE: SIGONELLA, ITALY

PERIOD OF PERFORMANCE: 1 SEPTEMBER - 7 OCTOBER 2016, TO ALLOW TIME PRIOR TO COURSE CONVENING DATES FOR COURSE PREPARATION, MATERIAL PROCUREMENT/PREPARATION AND TO COMPLETE ALL APPROPRIATE ADMINISTRATIVE FUNCTIONS.

INSPECTION AND ACCEPTANCE AT DESTINATION INSPECTION AND ACCEPTANCE BY CONTRACTING OFFICER REPRESENTATIVE (COR) CONTINUATION SHEET

## DISTRIBUTION

- 1 COPY CONTRACTOR: PRECISION PLANNING AND SIMULATIONS 487A MEADSTOWN ROAD ELIZABETH CITY, NC 27909
- 1 COPY PAYING OFFICE: DFAS CLEVELAND CENTER PO BOX 998022 FOR PAYMENT INQUIRIES CALL 800-756-4571 CLEVELAND, OH 44199-8022