ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER: 04/28/2010
2. CONTRACT NO. (If any): HSBP1006A01067
3. ORDER NO.: HSBP1010J00336
4. REQUISITION/REFERENCE NO.: 0020054837
5. ISSUING OFFICE (Address correspondence to):
DEPARTMENT OF HOMELAND SECURITY
U.S. CUSTOMS AND BORDER PROTECTION
1300 PENNSYLVANIA AVENUE, N.W.,
SUITE NP-1310
WASHINGTON DC 20229

6. SHIP TO:
a. NAME OF CONSIGNEE: U.S. CUSTOMS AND BORDER PROTECTION
b. STREET ADDRESS: 7400 FULLERTON ROAD
c. CITY: SPRINGFIELD
d. STATE: VA
e. ZIP CODE: 22153
f. SHIP VIA

7. TO:
a. NAME OF CONTRACTOR: ROBBINS GIOLA LLC
b. COMPANY NAME
c. STREET ADDRESS: 11 CANAL CENTER PLAZA (STE 200)
d. CITY: ALEXANDRIA
e. STATE: VA
f. ZIP CODE: 22314-1595

8. TYPE OF ORDER
☐ 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

CONTRACTOR TIN: (b) (4) [redacted]

10. REQUISITIONING OFFICE
OIT/CSPO
(b) (6) [redacted]
(b) (6) [redacted]
(b) (6) [redacted] @DHS.GOV

11. BUSINESS CLASSIFICATION (Check appropriate box(es))
☐ a. SMALL ☒ b. OTHER THAN SMALL
☐ c. DISADVANTAGED ☐ d. WOMEN-OWNED
☐ e. HUBZone ☐ f. EMERGING SMALL BUSINESS
☐ g. SERVICE-DISABLED VETERAN-OWNED

12. F.O.B. POINT: Destination

13. PLACE OF
a. INSPECTION
b. ACCEPTANCE

14. GOVERNMENT B/L NO.

15. DELIVER TO F.O.B POINT ON OR BEFORE (Date): 04/30/2011

16. DISCOUNT TERMS: Net 30

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	Accept
10	CSPO Program Mgmt support 5/1/10-4/30/11	1.000	AU	(b) (4) [redacted]		
20	CSPO Program Mgmt Support 5/1/10-4/30/11	1.000	AU			
30	CSPO Program Mgmt Support 5/1/10-4/30/11	1.000	AU			
40	CSPO Program Mgmt Support 5/1/10-4/30/11	1.000	AU			
50	CSPO Program Mgmt Support 5/1/10-4/30/11	1.000	AU			
60	CSPO Program Mgmt Support 5/1/10-4/30/11	1.000	AU			

18. SHIPPING POINT
19. GROSS SHIPPING WEIGHT
20. INVOICE NO.

21. MAIL INVOICE TO:
a. NAME: DHS - CBP NATIONAL FINANCE CENTER
b. STREET ADDRESS (or P.O. Box): PO BOX 68908
c. CITY: INDIANAPOLIS
d. STATE: IN
e. ZIP CODE: 46268

SEE BILLING INSTRUCTIONS REVERSE

TOT. (Cont. pages): $0.00

17(f) GRAND TOTAL: $8,505,895.40

22. UNITED STATES OF AMERICA BY (Signature): (b) (6) [redacted]

23. NAME (Typed): MICHAEL REBAIN
TITLE: CONTRACTING/ORDERING OFFICER

(REV.

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OPTIONAL FORM 347 (4/2006)
Prescribed by GSA/FAR 48 CFR 53.213 (f)

Federal Tax Exempt ID: 72-0408780

Emailing Invoices to CBP. As an alternative to mailing invoices to the National Finance Center as shown on page one of this award you may email invoices to: cbpinvoices@dhs.gov.

NOTES:

PROGRAM MANAGEMENT SUPPORT DURING THE PERIOD MAY 1, 2010, THROUGH APRIL 30, 2011, IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK AND THE CONTRACTOR'S PRICE PROPOSAL RG-P-10-090 DATED APRIL 22, 2010.