

AWARD/CONTRACT		1. THIS CONTRACT IS A RATED ORDER UNDER DFAS (15 CFR 700)		RATING	PAGE OF PAGES 1 118	
2. CONTRACT (Proc. Inst. Ident.) NO.		3. EFFECTIVE DATE 10 Sep 2010		4. REQUISITION/PURCHASE REQUEST/PROJECT NO. SEE SCHEDULE		
5. ISSUED BY CODE		6. ADMINISTERED BY (If other than Item 5) CODE				
		See Item 5				
7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, state and zip code)				8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input checked="" type="checkbox"/> OTHER (See below)		
				9. DISCOUNT FOR PROMPT PAYMENT Net 30 Days		
				10. SUBMIT INVOICES 1 (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN:		ITEM Section G
CODE 3UYR8		FACILITY CODE				
11. SHIP TO/MARK FOR CODE		12. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER (M67443) MARINE CORPS VENDOR PAY ATTN - KANSAS P.O. BOX 389022 COLUMBUS OH 43218-9022				CODE
		See Schedule				
13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c)() <input type="checkbox"/> 41 U.S.C. 253(c)()				14. ACCOUNTING AND APPROPRIATION DATA See Schedule		
15A. ITEM NO.	15B. SUPPLIES/ SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT	
SEE SCHEDULE						
15G. TOTAL AMOUNT OF CONTRACT						
16. TABLE OF CONTENTS						
(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES		
X	A	SOLICITATION/ CONTRACT FORM	1	X	J	CONTRACT CLAUSES 95 - 117
X	B	SUPPLIES OR SERVICES AND PRICES/ COSTS	2 - 64	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS		
X	C	DESCRIPTION/ SPECS/ WORK STATEMENT	65 - 67	X	J	LIST OF ATTACHMENTS 118
X	D	PACKAGING AND MARKING	68	PART IV - REPRESENTATIONS AND INSTRUCTIONS		
X	E	INSPECTION AND ACCEPTANCE	69 - 71	K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE	72 - 73		OTHER STATEMENTS OF OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	74 - 77	L	INSTRS. CONDS. AND NOTICES TO OFFERORS	
X	H	SPECIAL CONTRACT REQUIREMENTS	78 - 94	M	EVALUATION FACTORS FOR AWARD	
CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE						
17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT Contractor is required to sign this document and return 1 copies to issuing office. Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)				18. <input type="checkbox"/> AWARD (Contractor is not required to sign this document) Your offer on Solicitation Number		
				including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.		
19A. NAME AND TITLE OF SIGNER (Type or print)				20A. NAME OF CONTRACTING OFFICER		
19B. NAME OF CONTRACTOR		19C. DATE SIGNED		20B. UNITED STATES OF AMERICA		20C. DATE SIGNED
BY _____ (Signature of person authorized to sign)				BY _____ (Signature of Contracting Officer)		10-Sep-2010

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
4300	TESS Warehouse CPEN FFP			██████████	██████████
EXERCISED OPTION	Performance Period: 7/1/2013 thru 6/30/2014. FOB: Destination MILSTRIP: PURCHASE REQUEST NUMBER: SHIP VIA: Best Way (Shippers Option)				

NET AMT

ACRN BJ
CIN:

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██████████

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
4400	TESS Warehouse Okinawa FFP			██████████	██████████
EXERCISED OPTION	Performance Period: 7/1/2013 thru 6/30/2014. FOB: Destination MILSTRIP: PURCHASE REQUEST NUMBER: SHIP VIA: Best Way (Shippers Option)				

NET AMT

ACRN BJ
CIN:

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