**ORDER FOR SUPPLIES OR SERVICES**

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

1. **DATE OF ORDER**: 09/15/2008
2. **CONTRACT NO. (if any)**: DBOIGSA-08-0031

**3. ORDER NO.**

**4. REQUISITION/REFERENCE NO.**

**5. ISSUING OFFICE (Address correspondence to)**
ICE/Detention Mgmt/Retention IGSA
Immigration and Customs Enforcement
Office of Acquisition Management
425 I Street NW, Suite 2208
Washington DC 20536

**6. NAME OF CONSIGNEE**

ICE Detention & Removal

**7. TO:**

**8. STREET ADDRESS**

**9. CITY**

**10. TYPE OF ORDER**

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.

**11. BUSINESS CLASSIFICATION**

- [ ] a. SMALL
- [ ] b. OTHER THAN SMALL
- [x] c. DISADVANTAGED
- [ ] d. WOMEN-OWNED
- [ ] e. HUBZone
- [ ] f. EMERGING SMALL BUSINESS
- [ ] g. SERVICE-DISABLED VETERAN-OWNED

**12. F.O.B. POINT**

**13. PLACE OF**

**14. GOVERNMENT BY, NO.**

**15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)**

**16. DISCOUNT TERMS**

30 Days After Award

**17. SCHEDULE (See reverse for Rejections)**

**18. SHIPPING POINT**

**19. GROSS SHIPPING WEIGHT**

**20. INVOICE NO.**

**21. MAIL INVOICE TO:**

**22. UNITED STATES OF AMERICA**

**23. NAME (Typed)**

Jerald H. Neveleff
TITLE: CONTRACTING/ORDERING OFFICER

**DUNS Number**: 091255869

Field POC: Debbie Ellis
Page Ednenfield
Raymond Simonse
Leeanna McGinn, COTR

Continued ...

**24. NAME (Typed)**

Jerald H. Neveleff
TITLE: CONTRACTING/ORDERING OFFICER

**OPTIONAL FORM 247 (Rev. 3/02/05)**

**AUTHORIZED FOR LOCAL REPRODUCTION**

**PREVIOUS EDITION NOT USEABLE**

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**SUPPLIES OR SERVICES**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td></td>
<td>DUNS Number: 091255869</td>
</tr>
<tr>
<td></td>
<td>Field POC: Debbie Ellis</td>
</tr>
<tr>
<td></td>
<td>Page Ednenfield</td>
</tr>
<tr>
<td></td>
<td>Raymond Simonse</td>
</tr>
<tr>
<td></td>
<td>Leeanna McGinn, COTR</td>
</tr>
</tbody>
</table>

**QUANTITY ORDERED**

**UNIT PRICE**

**AMOUNT**

**QUANTITY ACCEPTED**

---

**MAIL INVOICE TO:**

**NAME**: DHS, ICE

**STREET ADDRESS**: Burlington Finance Center
P.O. Box 1620
Attn: ICE-DRF-FOD-Atlanta

**CITY**: Williston
**STATE**: VT
**ZIP CODE**: 05495-1620

**INVOICE NO.**

**TOTAL (Cont. pages)**

**GRAND TOTAL**

$150,000.00

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**INVOICE NO.**

**TOTAL (Cont. pages)**

**GRAND TOTAL**

$150,000.00

---
**ORDER FOR SUPPLIES OR SERVICES**
**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 09/15/2008  
**CONTRACT NO**: DROIGSA-08-0031  
**ORDER NO**: HSCEDM-08-P-IG069

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED (G)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
<th>QUANTITY ACCEPTED (G)</th>
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</thead>
<tbody>
<tr>
<td>0001</td>
<td>DETENTION BEDSPACE FOR 50 BEDS @ $71.96 PER DAY</td>
<td>1757.0761 EA</td>
<td>71.96</td>
<td>125,000.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$71.96 per bed x 50 beds x 34 days = $125,000.00

**Product/Service Code**: S206  
**Product/Service Description**: GUARD SERVICES

**Accounting Info**:

**Funded**: $125,000.00

| 0002     | TRANSPORTATION ESTIMATED AT $25,000 AND ADDITIONAL GUARD SERVICES @ $18.23 PER HOUR | 1371.3658 EA | 18.23 | 25,000.00 |

$18.23 per hour x 1,371 hours = $25,000

**Product/Service Code**: S206  
**Product/Service Description**: GUARD SERVICES

**Accounting Info**:

**Funded**: $25,000.00

**Continued...**
The total amount of award: $150,000.00. The obligation for this award is shown in box 17(i).