

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

4

IMPORTANT: Mark all packages and papers with contract and/or order numbers. [Obtained via FOIA by Judicial Watch, Inc.](#)

1. DATE OF ORDER 07/25/2018		2. CONTRACT NO. (If any)		6. SHIP TO:			
3. ORDER NO. HHSF223201810184P		4. REQUISITION/REFERENCE NO. 1201156		a. NAME OF CONSIGNEE WHITE OAK CAMPUS, BUILDING 66			
5. ISSUING OFFICE (Address correspondence to) DHHS/FDA/OAGS/DCGM ATTN: (b) (6) 5630 FISHERS LANE ROOM 2129, HFA-500 ROCKVILLE MD 20857				b. STREET ADDRESS The US Food and Drug Administration 10903 New Hampshire Avenue Building 66		c. CITY Silver Spring	
				d. STATE MD		e. ZIP CODE 20993	
7. TO: (b) (6), (b) (4)				f. SHIP VIA			
a. NAME OF CONTRACTOR ADVANCED BIOSCIENCE RESOURCES INC 1417096				8. TYPE OF ORDER			
b. COMPANY NAME				<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:		<input type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS ADVANCED BIOSCIENCE RESOURCES INC 1516 OAK ST STE 303				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.		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.	
d. CITY ALAMEDA		e. STATE CA		f. ZIP CODE 945012958			
9. ACCOUNTING AND APPROPRIATION DATA 2018.6CS2804.252Z				10. REQUISITIONING OFFICE (b) (6) (FDA)			
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB						12. F.O.B. POINT Destination	
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 07/25/2019	
				16. DISCOUNT TERMS			
17. SCHEDULE (See reverse for Rejections)							
ITEM NO. (a)	SUPPLIES OR SERVICES (b)			QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	Tax ID Number: 94-3110160 DUNS Number: 786845982 The FDA hereby issues a purchase order for Humanized Mice. Period of Performance: 07/26/2018-07/25/2019 Obligated Amount \$15,900.00 Total Ceiling Amount:\$15,900.00 Continued ...						
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.			
21. MAIL INVOICE TO:							
a. NAME FDA PAYMENT SVCS						\$15,900.00	
b. STREET ADDRESS (or P.O. Box) Attn: Vendor Payments, OFS FDA 10903 New Hampshire Avenue Bldg 32, Rm 2162, Mail Hub 2145 Silver Spring MD 20993-0002						\$15,900.00	
c. CITY Silver Spring		d. STATE (b) (6)		e. ZIP CODE 20993-0002			
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) (b) (6)		TITLE CONTRACTING ORDERING OFFICER	

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PAGE NO

SCHEDULE - CONTINUATION

2

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DATE OF ORDER 07/25/2018	CONTRACT NO.	ORDER NO. HHSF223201810184P				
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>FDA Three-Way Match Invoicing Procedures</p> <p>A. The contractor shall submit all invoices to:</p> <p>U.S. FOOD AND DRUG ADMINISTRATION</p> <p>Attn: Vendor Payments Division of Payment Services 10903 New Hampshire Ave WO32 - Second Floor MAIL HUB 2145 Silver Spring, MD 20993-0002 301-827-3742 FDAVendorPaymentsTeam@fda.hhs.gov</p> <p>*** Acceptable methods of delivery include: E-mail (preferred) and Standard Mail. Provide a copy marked courtesy to the COR. The COR is (b) (6) ; (b) (6), (b) (4)@fda.hhs.gov.</p> <p>B. Invoices submitted under this contract must comply with the requirements set forth in FAR Clauses 52.232-25 (Prompt Payment) and 52.232-33 (Payment by Electronic Funds Transfer - System for Award Management) and/or other applicable FAR clauses specified herein. To constitute a proper invoice, the invoice must be submitted on company letterhead and include each of the following:</p> <p>(i) Name and address of the contractor;</p> <p>(ii) Invoice date and invoice number;</p> <p>(iii) Contract/Order number (including a reference to any base award for Indefinite-Delivery/Indefinite-Quantity Contracts or Blanket Purchase Agreements);</p> <p>(iv) Description, quantity, unit of measure, unit price, and extended price supplies delivered or services performed, including:</p> <p>(a) period of performance for which costs are claimed;</p> <p>(b) itemized travel costs, including origin and destination;</p> <p>(c) any other supporting information necessary to clarify questionable expenditures;</p> <p>(d) the contractor shall include the award item number for each description, quantity, unit of measure, unit price, and extended price supplies delivered or services performed;</p> <p>(v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on government bill of lading;</p> <p>(vi) Terms of any discount for prompt payment offered (Prompt Payment terms other Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

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SCHEDULE - CONTINUATION

3

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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>than (b) (4));</p> <p>(vii) Name and address of official to whom payment is to be sent (must be the same as that in the purchase order/award, or in a proper notice of assignment)</p> <p>(viii) Name, title, and phone number of person to notify in event of defective invoice;</p> <p>(ix) Taxpayer Identification Number (TIN);</p> <p>(x) banking routing transit number of the financial institution receiving payment for Electronic funds transfer (EFT);</p> <p>(xi) Name and telephone number of the FDA Contracting Officer Representative (COR) or other Program Center/Office point of contact, as referenced on the award;</p> <p>(xii) For all Inspections, Time-and-Materials and Labor-Hour Awards, Contractor is required to attach an invoice log addendum to each invoice which shall include, at a minimum, the following information for contract administration and reconciliation purposes:</p> <p>(a) list of all invoices submitted to date under the subject award, including the following:</p> <p>(1) invoice number, amount, & date submitted</p> <p>(2) corresponding payment amount & date received</p> <p>(b) total amount of all payments received to date under the subject contract or order</p> <p>(c) and, for definitized contracts or orders only, total estimated amounts yet to be invoiced for the current, active period of performance;</p> <p>(xiii) Any other information or documentation required by the award.</p> <p>C. An electronic invoice is acceptable if submitted in adobe acrobat (PDF) format. All items listed in (i) through (xiii) of this clause must be included in the electronic invoice. Electronic invoices must be on company letterhead and must contain no ink changes and be legible for printing</p> <p>D. Questions regarding invoice payments should be directed to the Employee Resource and Information Center (ERIC) Helpdesk at 301-827-ERIC (3742) or toll-free 866-807-ERIC (3742); or, by email at ERIC@fda.hhs.gov. Refer to the Call-in menu options and follow the phone prompts to dial the option that corresponds to the service that's needed. All ERIC Service Now Tickets will either be responded to or resolved within 48 hours (2 business days) of being received. When emailing, please be sure to include the contract number, invoice number and date of invoice, as well as your name, phone number, and a detailed description of the issue.</p> <p>Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

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4

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ORDER NO.

07/25/2018

HHSF223201810184P

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
1	<p>Admin Office: DHHS/FDA/OAGS/DCGM ATTN: (b) (6) 5630 FISHERS LANE ROOM 2129, HFA-500 ROCKVILLE MD 20857</p> <p>Appr. Yr.: 2018 CAN: 6CS2804 Object Class: 252Z Center Tag: B38517S\$0030PAR Period of Performance: 07/26/2018 to 07/25/2019</p> <p>Humanized Mice: 1) 2nd Trimester Liver (16-24 weeks), Qty-15 2) 2nd Trimester Thymus (16-24 weeks), Qty-15 3) HIV/HB/Hc Blood Testing, Qty 15 Shipping \$160 each delivery, Qty 15</p> <p>The total amount of award: \$15,900.00. The obligation for this award is shown in box 17(i).</p>				15,900.00	

TOTAL CARR ED FORWARD TO 1ST PAGE (ITEM 17(H))

\$15,900.00