

ACCEPTANCE OF CUSTOMER ORDER

1. TO (Requiring Activity Address) (Include ZIP Code) DENALI COMMISSION 510 L STREET SUITE 410  ANCHORAGE AK 99501  ATTN:		2. CUSTOMER ORDER NO. DENALICOMA01066	3. AMEND NO. 00001	4. REV MAN	
		5. DATE (Signature Date) 16-MAR-2010	6. AMOUNT 110,149.01-		
7. The CUSTOMER ORDER identified above is accepted and the items requested will be provided as follows: (Check as Applicable)					
a. <input type="checkbox"/> ALL ITEMS WILL BE PROVIDED THROUGH REIMBURSEMENT (Category I)					
<input type="checkbox"/> AUTOMATIC REIMBURSEMENT TFO		<input type="checkbox"/> FUNDED REIMBURSEMENT TFO		ACCEPTED AS	
<input type="checkbox"/> AUTOMATIC REIMBURSEMENT NON-TFO		<input type="checkbox"/> FUNDED REIMBURSEMENT NON-TFO		ECONOMY ACT ORDER	
<input type="checkbox"/> AUTOMATIC REIMBURSEMENT IPAC		<input checked="" type="checkbox"/> FUNDED REIMBURSEMENT IPAC		SENT ELECTRONICALLY? N	
b. <input type="checkbox"/> ALL ITEMS WILL BE PROCURED BY THE DIRECT CITATION OF FUNDS (CATEGORY II)					
<input type="checkbox"/> DIRECT FUND CITE TFO					
<input type="checkbox"/> DIRECT FUND CITE NON-TFO					
c. <input type="checkbox"/> ITEMS WILL BE PROVIDED BY BOTH CATEGORY I AND CATEGORY II AS INDICATED BELOW					
d. <input type="checkbox"/> THIS ACCEPTANCE, FOR CATEGORY I ITEMS, IS QUALIFIED BECAUSE OF ANTICIPATED CONTINGENCIES AS TO FINAL PRICE. CHANGES IN THIS ACCEPTANCE FIGURE WILL BE FURNISHED PERIODICALLY UPON DETERMINATION OF DEFINITIZED PRICES, BUT PRIOR TO SUBMISSION OF BILLINGS.					
8. <input type="checkbox"/> CUSTOMER ORDER NUMBER(S) IDENTIFIED IN BLOCK 13, (REMARKS) IS NOT ACCEPTED (IS REJECTED) FOR THE REASONS INDICATED.					
9. TO BE PROVIDED THROUGH REIMBURSEMENT CATEGORY I			10. TO BE PROCURED BY DIRECT CITATION OF FUNDS CATEGORY II		
ITEM NO. a.	QUANTITY b.	ESTIMATED PRICE c.	ITEM NO. a.	QUANTITY b.	ESTIMATED PRICE c.
01		110,149.01-			
d. TOTAL ESTIMATED PRICE		110,149.01-	d. TOTAL ESTIMATED PRICE		
11. ANTICIPATED DATE OF OBLIGATION FOR CATEGORY II ITEMS			12. GRAND TOTAL ESTIMATED PRICE OF ALL ITEMS		
			29,850.99		
13. FUNDS DATA (Check if Applicable)					
a. <input type="checkbox"/> ADDITIONAL FUNDS IN THE AMOUNT OF _____ ARE REQUIRED (See Justification in block 13)					
b. <input type="checkbox"/> FUNDS IN THE AMOUNT OF _____ ARE NOT REQUIRED AND MAY BE WITHDRAWN					
14. REMARKS					
RA TECHNICAL POC:			RA FINANCIAL POC:		
PA TECHNICAL POC: MELANIE A. HARROP 907-753-2539			PA FINANCIAL POC: RITA D COUCH 907-753-2567		
FINANCING APPROPRIATION: 96 NA X 3122 0000 099990 08 2431 96951					
15. ACCEPTING ACTIVITY (Complete Address)			16. TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL		
ALASKA DISTRICT P.O. BOX 6898			VON DEAN CHRISTLEY PROGRAM ANALYST		
ELMENDORF AFB, AK 99506-0898			17. ELECTRONICALLY SIGNED BY VON DEAN CHRISTLEY		18. DATE 16-MAR-2010