

**ORDER FOR SUPPLIES OR SERVICES**

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. DASG60-02-D-0013	2. DELIVERY ORDER/ CALL NO. 000602	3. DATE OF ORDER/CALL 2003 Sep 11	4. REQ/ PURCH. REQUEST NO. TH2MAD1AA1	5. PRIORITY DX-A2
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6. ISSUED BY U.S. ARMY SPACE & MISSILE DEFENSE COMMAND PO BOX 1500 HUNTSVILLE AL 35307-3801	CODE W31RFD	7. ADMINISTERED BY DCMA HUNTSVILLE BUILDING 4505, SUITE 301 MARTIN ROAD REDSTONE ARSENAL AL 35898-0001	CODE S0107A	8. DELIVERY FOB <input type="checkbox"/> DFST <input checked="" type="checkbox"/> OTHER  (See Schedule if other)
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9. CONTRACTOR MADISON RESEARCH CORPORATION 401 WYNN DRIVE HUNTSVILLE AL 35305-1962	CODE 0A9A9	FACILITY	10. DELIVER TO FOB POINT BY (Date) <b>SEE SCHEDULE</b>	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
			12. DISCOUNT TERMS	
13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15				

14. SHIP TO  <b>SEE SCHEDULE</b>	CODE	15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS OH 43218-2264	CODE HQ0338	<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.</b>
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16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Govt. agency or in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE		Reference your quote dated _____ Furnish the following on terms specified herein. REF: _____

ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TYPED NAME AND TITLE \_\_\_\_\_ DATE SIGNED (YYYYMMDD) \_\_\_\_\_

If this box is marked, supplier must sign Acceptance and return the following number of copies: \_\_\_\_\_

17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE  
**See Schedule**

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
<b>SEE SCHEDULE</b>					

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA	25. TOTAL	\$25,000.00
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26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____	27. SHIP NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	28. DO VOUCHER NO.	29. CONTRACTING / ORDERING OFFICER	30. DIFFERENCES	31. INITIALS
36. I certify this account is correct and proper for payment.  DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____	31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR		
		34. CHECK NUMBER		35. BILL OF LADING NO.	

37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.
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Section C - Descriptions and Specifications

A SOW

Flight Test Critical Design Review Statement of Work

1.0 The Senior Review Team (Independent Evaluator).

The contractor shall serve as the flight test success independent reviewer for the THAAD Missile Critical Design Review (CDR). The contractor shall use related expertise to analyze and verify proposed CDR evidence to ensure that each entry and exit criteria event is satisfied. The contractor shall assess design risks associated with the Flight Test Program.

B POP

PERIOD OF PERFORMANCE: 12 Sep 03 through 31 Oct 03

