S	OLICITATION/CO				- 10 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			000	PAGE OF	- 55 - 55
2. CONTRACT NO	10003-1005-2010	TO COMPLETE BLO	CKS 12, 17, 23, 2	24, & 30 4. ORDER NUMBER	192	117VHÇ	4CCC(003 5. SOLICITATION NUMBI	1 FR	6. SOLICITATION
E. CONTRACT NC			EFFECTIVE DATE							ISSUE DATE
	R SOLICITATION	a. NAME (b)(6);(b)(7)(C)		7.1	TELEPHONE 14-905		R (No collect calls));(b)(7)(C)	8. OFFER DI	UE DATE/LOCAL TIME
Immigrat Office o	gations Ops tion and Cus of Acquisiti Stemmons Fr YX 75247	toms Enford on Manageme	llas cement ent	ICE/IOSD	10. THIS ACQUI	SINESS SMALL DISABLED OWNED			E WOMEN-OWNE	% FOR: DIAICS: (b)(4) ZE STANDARD: (b)(4)
11. DELIVERY F TION UNLES MARKED	SS BLOCK IS	2. DISCOUNT TERMS	et 30			CONTRACT IS O ORDER UN (15 CFR 700)	DER	13b. RATING 14. METHOD OF SOL		RFP
15. DELIVER TO		CODE	CCC		16. ADMINISTE	RED BY		RFQ		CE/IOSD
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17a. CONTRACTO OFFEROR	DR/ CODE 0	33095568000) () FACILITY CODE		18a. PAYMENT	WILL BE MAD	EBY		CODE IC	CE-HSI-HQ-DIV
	;(b)(7)(C) DR STE 210 NY NJ 07054	4413			DHS, IC Burling P.O. Bo Attn: I Ref:HSC Willist	ton Fi x 1620 CE-HSI EMD-17	-HQ-I -P-0(012		
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19.			20.		IS CHECK	ED 21.	SEE ADD	ENDUM 23.		24.
ITEM NO.	(b)(6);(b)(7)(C) Alternate F (b)(6);(b)(7)(C) Technical F (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) i Cellebrite	r: 0330955 POC: (b)(6);(b)(POC: (b)(6);(b)(7 POC: (b)(6);(b)(7 POC: (b)(6);(b)(7 is authorize	7)(C))(C))(C) ;)(C) ;; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	, 703-293-(1) 703-293-(1)(6),(b) 703-203-(1)(6),(b) 703-203-(1)(6),(b) 703-(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)()(7)(C))(7)(C) h	QUANTITY	UNIT	UNIT PRICE		AMOUNT
25. ACCOUNTI	NG AND APPROPRIA			ine de Hereedaalyy		1		26. TOTAL AWARD AMO	OUNT (For Gov	t. Use Only)
27b. CONTR 28. CONTRA COPIES TO	TATION INCORPORAT	DER INCORPORATES	S BY REFERENCE	AND DELIVER	212-5 IS ATTAC	CHED. 9. AWARD DATED	ADDEN OF CONT)2/28	DA	E ARE	
2211313413801 P-31374410411	BJECT TO THE TERM OF OFFEROR/CONTRA		SPECIFIED.	Lennin Lehnskon menne verfangs -	H	IEREIN, IS	ACCEPTE	ED AS TO ITEMS: SIGNATURE OF CONTRAC	0.007.049359407.99.743	
	D TITLE OF SIGNER (3	0c. DATE SIGNED	31b. NAME (b)(6);(b)(7		ACTING (DFFICER (Type or print)	5 	31c. DATE SIGNED
	FOR LOCAL REPROD TION IS NOT USABLE epic.org		EPIC-17-0	6-13-ICE-FOIA-201	80803-1stInt	erim-Proc	luction-	Prescrib	ed by GSA - FA	9 (REV. 2/2012) NR (48 CFR) 53.212 000075

2018-ICLI-00030 /5

	·	SCHEDULE OF SUPPLIE	S/SERVICES		21. QUANTITY	22. UNIT		23. PRICE	24. AMOUNT
	However, C	ellebrite SHALL NO	OT ACCEPT ANY						
	INSTRUCTIO	NS THAT RESULTS IN	N A CHANGE TO THE	E					
	SERVICES H	EREIN.							
	Contractin	g Officer: (b)(6),(b)(7)(C)						
	214-905 (b)(6		· · · · ·						
		ion: Y Sensitive A	Award: (b)(7)(E)						
		Performance: (b)(4)							
001	(b)(4)			-	(b)	(4)	-		
001	(2)(1)								
	(b)(4)								
	Continued								
a. QUANTIT	Continued Y IN COLUMN 21 HAS								
a. QUANTIT	L Y IN COLUMN 21 HAS	S BEEN	D, AND CONFORMS TO THE C	ONTRACT, E	XCEPT AS	NOTEL);		
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RECEIV	Y IN COLUMN 21 HA	S BEEN	/E 32c. DATE	32d. PRIN	ITED NAME	AND T	ITLE OF AU		OVERNMENT REPRESENTATIVE
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22b. SIGNATU 22b. SIGNATU 22c. MAILING A 33. SHIP NUM 33. SHIP NUM 34. S/R ACCOL 14a. I CERTIFY	Y IN COLUMN 21 HAS YED INS RE OF AUTHORIZED ADDRESS OF AUTHO BER FINAL JNT NUMBER THIS ACCOUNT IS 0	S BEEN SPECTED ACCEPTE O GOVERNMENT REPRESENTATIO ORIZED GOVERNMENT REPRESE 34. VOUCHER NUMBER 39. S/R VOUCHER NUMBER CORRECT AND PROPER FOR PA	25. AMOUNT VERIFIED CORRECT FOR 40. PAID BY	32d. PRIN 32f. TELE 32g. E-MA 36. PAYM 36. PAYM 36. PAYM 42b. RI	ITED NAME PHONE NUI AIL OF AUTH ENT MPLETE ECEIVED BY	AND T MBER HORIZE	ITLE OF AUTOR OF AUTHOR D GOVERNI PARTIAL	IZED GOVEI	RNMENT REPRESENTATIVE ESENTATIVE

HSCEMD-17-P-00012 3 14		REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
	CONTINUATION SHEET	HSCEMD-17-P-00012	3	14

NAME OF OFFEROR OR CONTRACTOR CELLEBRITE INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	unit (D)	UNIT PRICE	amount (F)
	duration of licensing term. Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Period of Performance: (b)(4)				
1001	(b)(4)	(b))(4)		
(b)(6);(b)(7)(C)	Period of Performance: (b)(4) FOR COMMUNICATION OF THIS ORDER All communications and invoices must reference the order number shown in Block #4 on page 1 of the Purchase Order. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OGEO.CustomerService@ice.dhs.gov. Direct other inquiries to (b)(6)(b)(7)(C) office at (214) 905 (or) via e-mail to: (b)(6)(b)(7)(C)				
	The Contractor is requested to acknowledge acceptance of this purchase order by signing in blocks 30a-c on the front page of the purchase order (SF 1449) and returning a copy of this page with signature to the Contracting Officer via facsimile to (214) 905-5568 or via e-mail to (b)(6);(b)(7)(C), upon receipt. Continued				
NSN 7540-01-15	2-8067				OPTIONAL FORM 336 (4-86)

CONTINUATION SHEET

NAME OF OFFEROR OR CONTRACTOR CELLEBRITE INC

	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Please contact the Contracting Officer if there are any questions or concerns.				
	NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.				

	1. Invoice Submission:				
	Primary method of submission is email. Invoices shall be submitted to: Invoice.Consolidation@ice.dhs.gov Attn: ICE-HSI-HQ DIV 4 Invoice				
1	Each email shall be in a .pdf format; contain only one (1) invoice and the subject line of the email will annotate the invoice number.				
	Alternate method of submission is fax. Invoices shall be to: 802-288-7658				
	Attn: ICE-HSI-HQ DIV 4 Invoice Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.				
	Note: The Contractor's Dunn and Bradstreet (D&B) DUNS number must be active in the System for Award Management (SAM) at https://www.sam.gov.				
	2. Content of Invoices: Each invoice submission shall contain the following information:				
	(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;				
	(ii) Dunn and Bradstreet (D&B) DUNS number;(iii) Invoice date and invoice number;(iv) Agreement/Contract number, contract lineitem number and, if applicable, the order number;				

PAGE

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OF

14

NAME OF OFFEROR OR CONTRACTOR CELLEBRITE INC

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) (v) Description, quantity, unit of measure, unit price and extended price of the items delivered; (vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading; (vii) Terms of any discount for prompt payment offered; (viii) Remit to Address; (ix) Name, title, and phone number of person to notify in event of defective invoice; (x) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing) and (xi) ICE program office designated on order/contract/agreement. (xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management. In accordance with Contract Clause, FAR 52.212-4(g)(1), Contract Terms and Conditions --Commercial Items, or FAR 52.232-25(a)(3), Prompt Payment, as applicable, the information identified above is required with each invoice submission. 3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov Invoices without the above information may be returned for resubmission. The total amount of award: (b)(4) The obligation for this award is shown in box 26.

PAGE

5

			ORDE	R FOR SU	PPLIES OR	SERVI	CES				PAGE	OF PAGES
IMPORTANT:	Mark all	packages and	papers with contr								1	8
1. DATE OF OR	TOWNERS OF	2. CONTRACT	St. 12							6. SHIP TO:		ele.
07/27/20	16	GS-07F-3	355AA				a. NAME	OF CO	NSIGNEE			
3. ORDER NO.			4 6	FOURITION	REFERENCE NC		-					
HSCETE-1	6-F-0	0037	1.1.1.1		4CCC0047	J.	ICE H	MLNI	D SEC INV HQ	DIV 4		
IMMIGRAT	MATIO ION A	N TECHNO ND CUSTO	ence to) LOGY DIVIS MS ENFORCE MANAGEMEN	MENT				RAT RAI	ION AND CUSTO NDOM HILLS RO		EMENT	
801 I ST WASHINGT			(7)(C)				c. CITY FAIRF	AX			d. STATE VA	e. ZIP CODE 22030
7. TO: (b)(6);(b)(7)(C)						f. SHIP VI	A				22050
a. NAME OF CO MSAB INC	ONTRACTO								8 TY	PE OF ORDER		
b. COMPANY N	AME						a. PUI	DCUA	TALL.	174	b. DELIVER	,
c. STREET ADD	RESS						REFEREN				D. DELIVER	TŞ.
2001 JEF	FERSO	N DAVIS	HWY				Quote	#(b)(4)		Except for billing everse, this delive	instructions on the
SUITE 80	1									s	ubject to instruc	tions contained on
							Please fur	nish th	e following on the terms		his side only of t ssued subject to	
d. CITY				e. STATE	f. ZIP CODE		 Constraints and sections 	1999-999 PS	pecified on both sides of the attached sheet, if	c	onditions of the	above-numbered
ARLINGTO	N			VA	22202		And a second second second second		livery as indicated.	C	ontract.	
9. ACCOUNTING		PROPRIATION	DATA	<u>, 1</u>					NING OFFICE D SEC INV HQ	DIV 4		
	CLASSIFIC		k appropriate box(es		contra entra			28			12. F.O.B. PO	INT
a. SMALL	Ц.	b. OTHER TH	-	_ c. DISADVA		d. WON	IEN-OWNED	C	e. HUBZone		Destina	tion
f. SERVIC	E-DISABLE	전환 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	VOMEN-OWNED SM		See Contraction and the second	h. El	DWOSB					
		13. PLACE	OF		14. GOVERNME	ENT B/L NO) .	-	15. DELIVER TO F.O.B.		16. DISCOL	INT TERMS
a. INSPECTION Destinat		5351.0	ACCEPTANCE estination						ON OR BEFORE (Dat 09/01/2016	e)		Net 30
<u>.</u>					17. SCHED	DULE (See	reverse for	Reject	tions)			
ITEM NO.			SUPPLIES OR SI				QUANTITY ORDERED	UNIT	UNIT PRICE	AMOU	310167	QUANTITY ACCEPTED
(a)	DUNG	Number:	(b) 831301762				(c)	(d)	(e)	(f)		(g)
	(b)(4)	nued										
	18. SHIP	PING POINT			19. GROSS SH	HIPPING W	EIGHT		20. INVOICE NO.			17(h) TOTAL (Cont.
				3	1. MAIL INVOIC	E TO:		-	L	-		pages)
	a. NAME		DHS IC	E						(b)(4)		
SEE BILLING INSTRUCTIONS ON REVERSE	b. STRE	ET ADDRESS Box)	PO BOX	1620	NANCE CE. HQ-DIV 4							17(i) GRAND TOTAL
	c. CITY						d. STA	TE	e. ZIP CODE	(b)(4)	1	
	WI	LLISTON					VT	0	05495-1620			
22. UNITED AMERIC	STATES O								23. NAME (Typed) (b)(6);(b)(7)(C)			1
		-04							TITLE: CONTRACTING	ORDERING OFF	ICER	
AUTHORIZED FO PREVIOUS EDIT											OPTIONAL F Prescribed by 0	ORM 347 (Rev. 2/2012) SSA/FAR 48 CFR 53.213(f)

CONTRACT	NO. (if	any) GS-07F-	355AA			PA	GE 2 OF 8
			SUPPLEMENTAL	INVOICING IN	FORMATION		
the following s other invoice v contract numb	tatement, (will be subm per (if any), (signed and dated) is o nitted." However, if the order number, item nu	on (or attached to) the ord Contractor wishes to sub Imber(s), description of su	ler: "Payment mit an invoice pplies or serv	is requested in t e, the following ir vice, sizes, quant	tead of a separate invoice, pro the amount of \$ formation must be provided: itities, unit prices, and extended	. No d
post), the billin	ng must be		ading or receipt. When se			exceed \$10 (except for parce n ordering activity during the s	
billing period,	consolidate	a periodic billings are	States and the second se		Ŷ		
la con e re	59429 (33) (3	5 C #2 3t 5		EIVING REPOR			- 10 ANS
Contraction and the second			the face of this order has		inspected	ed, accepted,	received by me
A CONTRACTOR OF A CONTRACTOR	PARTIAL	Items listed below ha	ve been rejected for the r	1 Cartagoria Arrow			DATE
SHIPMENT	FINAL		DATE RECEIVED	SIGNAI	URE OF AUTHORIZI	ED U.S. GOVT REP.	DATE
TOTAL CONTAIN	ERS	GROSS WEIGHT	RECEIVED AT	TITLE			
			REPORT	OF REJECTION	IS		
ITEM NO.		SUPPLIES OR SERVIC	ES	UNIT	QUANTITY REJECTED	REASON FOR REJ	ECTION
					-		
1							
				_			
				_			
				_			
				_			
-							
				_			
-							

OPTIONAL FORM 347 (Rev. 2/2012) (BACK)

PAGE NO

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

3

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. GS-07F-355AA HSCETE-16-F-00037 07/27/2016 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (b) (c) (e) (g) CONDITIONS ARE APPLICABLE. THIS IS A FIRM FIXED PRICE ORDER. NAICS: (b)(4) PSC: (b)(4) THE CONTRACTOR SHALL NOTIFY THE GOVERNMENT 30 DAYS PRIOR TO THE EXPIRATION OF ANY SOFTWARE LICENSING/MAINTENANCE AGREEMENT. THE GOVERNMENT WILL NOT BE OBLIGATED TO PAY THE CONTRACTOR ANY AMOUNT IN EXCESS OF THE FIXED-PRICE AMOUNT COVERING THE EFFECTIVE PERIOD OF PERFORMANCE IN THE ORDER, AND THE CONTRACTOR SHALL NOT CONTINUE PERFORMANCE UNLESS AND UNTIL THE CONTRACTING OFFICER NOTIFIES THE CONTRACTOR VERBALLY OR BY WRITTEN MODIFICATION THAT A NEW PERIOD OF PERFORMANCE HAS BEEN ESTABLISHED AND APPROVED. LIMITATION OF AUTHORITY No person in the Government, other than a Contracting Officer, has the authority to provide direction to the Contractor, which alters the Contractor's obligations or changes this contract in any way. If any person representing the Government, other than a Contracting Officer, attempts to alter contract obligations, change the contract specifications/statement of work or tells the contractor to perform some effort which the Contractor believes to be outside the scope of this contract, the Contractor shall immediately notify the Procuring Contracting Officer (PCO). Contractor personnel shall not comply with any order or direction which they believe to be outside the scope of this contract unless the order or direction is issued by a Contracting Officer. Continued ...

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) AUTHORIZED FOR LOCAL REPODUCTION

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OPTIONAL FORM 348 (Rev. 4/2006)

Prescribed by GSA FAR (48 CFR) 53.213(f)

PAGE NO

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	all packages and papers with contract and/or order numbers.	
INFORTANT. Mark	all packages and papers with contract and/or order numbers.	

DATE OF ORD		GS-07F-355AA				ORDER NO. HSCETE-1	6-F-000	37	
ITEM NO.	10	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT		AMOUNT		QUANTITY
			ORDERED		PRICE				ACCEPTED
	the Off inc Con A f or and cha the Con ind who ord com sha res Exe Acc (b)(7) Per (b)(4) (b)(4)	iod of Performance: (b)(4)		(d)			(f)		
		CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	\geq			(b))(4)		

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PAGE NO

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and the second s	Mark all packages and papers with contract and/or order numbers.				- 01			
DATE OF ORDI	ER CONTRACT NO. 16 GS-07F-355AA				ORDER NO. HSCETE-16-F	DER NO. SCETE-16-F-00037		
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT		DUNT	QUANTITY	
(a)	(b)	ORDERED (c)		PRICE (e)	0.000	(f)	ACCEPTED (g)	
0.080	105-220), AUGUST 7, 1998, REQUIRES THAT	1.57	(-/	(-/			(5)	
	WHEN FEDERAL AGENCIES DEVELOP, PROCURE,							
	MAINTAIN, OR USE ELECTRONIC AND INFORMATION							
	TECHNOLOGY (EIT), THEY MUST ENSURE THAT IT							
	IS ACCESSIBLE TO PEOPLE WITH DISABILITIES. FEDERAL EMPLOYEES AND MEMBERS OF THE PUBLIC							
	WHO HAVE DISABILITIES MUST HAVE ACCESS TO							
	AND USE OF INFORMATION AND SERVICES THAT IS							
	COMPARABLE TO THE ACCESS AND USE AVAILABLE							
	TO NON-DISABLED FEDERAL EMPLOYEES AND							
	MEMBERS OF THE PUBLIC. ALL EIT WILL COMPLY							
	WITH THE APPLICABLE TECHNICAL AND FUNCTIONAL PERFORMANCE CRITERIA OF SECTION							
	508, UNLESS EXEMPT.							
	1921/14 (1221) (1222/1424 122/122) (2222/1711) Andreas Sciencesconsciences							
	FAR 52.223-16 IEEE 1680 STANDARD FOR THE							
	ENVIRONMENTAL ASSESSMENT OF PERSONAL COMPUTER PRODUCTS IS HEREBY INCORPORATED BY							
	REFERENCE.							
	na androa.							
	Included by reference IAW FAR 52.222-50,							
	Combating Trafficking in Persons (FEB							
	2009); FAR 52.232-39 Unenforceability of							
	Unauthorized Obligations (JUN 2013)							
	ADVANCE PAYMENTS ARE NOT AUTHORIZED.							
	CONTRACTOR SHALL SUBMIT INVOICE MONTHLY OR OUARTERLY IN ARREARS.							
	QUARIERLI IN ARREARS.							
	INVOICE PAYMENT INSTRUCTIONS							
	Please use these procedures when you submit							
	an invoice for all acquisitions emanating							
	from ICE/OAQ.							
	1. Invoices shall now be submitted via one							
	of the following three methods:							
	a. By mail: See Block 21.							
	b. By facsimile (fax) at: 802-288-7658							
	(include a cover sheet with point of							
	contact & # of pages)							
	Continued							
	annan ann an Arainn an Arainn an Arainn							
l	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	\geq			\$0.00		L	

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

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PAGE NO

DATE OF ORD	20-016-010	CONTRACT NO. GS-07F-355AA	ORDER NO	D. E-16-F-00037				
ITEM NO.		SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	l i	AMOUNT	QUANTITY
(a)		(b)	ORDERED (c)	(d)	PRICE (e)	8	(f)	ACCEPTED (g)
(a)	c.	By e-mail at:	(0)	(u)	(6)		0	(9)
		oice.Consolidation@dhs.gov						
		oices submitted by other than these						
		ee methods will be returned. Contractor						
		payer Identification Number (TIN) must						
	100000	registered in the Central Contractor istration (http://www.ccr.gov) prior to						
	0.000.040	rd and shall be notated on every invoice						
		mitted to ICE/OAQ on or after 01 March						
		8 to ensure prompt payment provisions						
	are	met. The ICE program office identified						
		the delivery order/contract shall also						
		notated on every invoice. Please send an						
	1201012	itional copy of the invoice to						
	ICE	OCIOITSRACQ@DHS.GOV.						
	2.	In accordance with Section I, Contract						
	100 C	uses, FAR 52.212-4 (g)(1), Contract						
	Ter	ms and Conditions, Commercial Items, the						
		ormation required with each invoice						
	sub	mission is as follows:						
	An	invoice must include:						
		Name and address of the Contractor;						
	(ii) Invoice date and number;						
	100000	i) Contract number, contract line item						
		ber and, if applicable, the order						
	10/20/2020	ber;						
) Description, quantity, unit of sure, unit price of						
	E	items delivered;						
	(v)	Shipping number and date of shipment,						
	inc	luding the bill of lading number and						
	100 C 2 2 2 2	ght of shipment if shipped on Government						
		l of lading;						
) Terms of any discount for prompt ment offered;						
	1.0	i) Name and address of official to whom						
		ment is to be sent;						
	- C - C - C - C - C - C - C - C - C - C	ii) Name, title, and phone number of						
	per	son to notify in event of defective						
		oice; and						
) Taxpayer Identification Number (TIN).						
		Contractor shall include its TIN on the oice only if required elsewhere in this						
		tinued						
10 10	TOTAL	CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	\geq				\$0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

IMPORTANT:	Mark all packages and papers with contract and/or order numbers.						
DATE OF ORDE					ORDER NO.		
07/27/203	16 GS-07F-355AA				HSCETE-16	-F-00037	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT		AMOUNT	QUANTITY
(a)	(b)	(c)	(d)	PRICE (e)		(f)	ACCEPTED (g)
c	contract. (See paragraph 1 above.)						
	(x) Electronic funds transfer (EFT) banking						
	information.						
	(A) The Contractor shall include EFT						
	panking information on the invoice only if						c
	required elsewhere in this contract.						
	(B) If EFT banking information is not						
	required to be on the invoice, in order for the invoice to be a proper invoice, the						
	Contractor shall have submitted correct EFT						
	panking information in accordance with						
	52.232-33, Payment by Electronic Funds						
	Iransfer; Central Contractor Registration.						
	(C) EFT banking information is not required						
	if the Government waived the requirement to						
	pay by EFT. DHS / ICE						
	Financial Operations - Burlington						
	Customer Service Inquiry Center @						
	1-877-491-6521 Monday through Friday 8:00 AM -5:30 PM EST or at e-mail address						
	DCFO.CustomerService@ice.dhs.gov.						
	Invoices without the above information may be returned for resubmission.						
Î							
	3. All other terms and conditions remain						
1	the same.						
I	Receiving Officer/COTR: Each Program Office						
	is responsible for acceptance and receipt						
	of goods and/or services. Upon receipt of						
	goods/services, complete the applicable						
	FFMS reports or DFC will not process the						-
I	payment.						
1	For questions regarding this order:						
	Contract Officer: (b)(6);(b)(7)(C)						
	202-732-(b)(6);(b)(7)(C)						
	Receiving Officer: (b)(6);(b)(7)(C)						
	703-293-(b)(6);(b)(7)(C)						
	<pre>Fechnical POC: (b)(6);(b)(7)(C) , 703-293-(b)(6);(b)(7)</pre>						
	Vendor POC: (b)(6);(b)(7)(C) , 703-750-(b)(6);(b)(7)(C)					
	(b)(6);(b)(7)(C)						
c	Continued						

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

AUTHORIZED FOR LOCAL REPODUCTION PREVIOUS EDITION NOT USABLE 1

ORDER FOR SUPPLIES OR SERVICES CONTINUATION

PAGE NO

SCHEDULE	- CONTINUATION	

		SCHEDULE - CONTINUATIO	N					8	
IMPORTANT	: Mark	all packages and papers with contract and/or order numbers.							
DATE OF ORE	DER	CONTRACT NO.					ORDER NO.		
07/27/20	016	GS-07F-355AA						6-F-00037	
	T		QUANTI		т	UNIT	<u> </u>	AMOUNT	QUANTITY
			ORDER	ED	1	PRICE	\$		ACCEPTED
(a)	<u> </u>	(b)	(c)	(d)	4	(e)		(f)	(g)
ITEM NO. (a)	obl	(b) total amount of award: (b)(4) . The igation for this award is shown in box i).	QUANTI ORDER (c)		1	UNIT PRICE (e)		AMOUNT (f)	QUANTITY ACCEPTED (g)
	1								
	1								
-	TOTAL	CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	-		1			0.00	

AUTHORIZED FOR LOCAL REPODUCTION PREVIOUS EDITION NOT USABLE

		OR	DER FOR SU	PPLIES OR SE	RVICE	s				PAGE	OF PAGES
IMPORTANT:	Mark all	packages and papers with o				-10				1	30
1. DATE OF OR	Concerne 1	2. CONTRACT NO. (If any) HSCEMD-13-D-000		and the second sec					6. SHIP TO:	h	4721:
03/02/20	16	HSCEMD-13-D-000	01		a.	NAME C	OF CO	NSIGNEE			
3. ORDER NO. HSCETE-1	6-J-0	0048	4. REQUISITION/ 1921160PR		I	CE OI	FC (OF PROFESSNL	RESPONSIB	BILITY	
ICEINFOF	RMATIO	ess correspondence to) N TECHNOLOGY DIV			II		RAT	ION AND CUSTO	MS ENFORC	CEMENT	
OFFICE C	OF ACQ	ND CUSTOMS ENFOR			50	JU 12	ZTH	STREET SW			
WASHINGT		NW <mark>(b)(6);(b)(7)(C)</mark> 20536			(Gal)	CITY ASHII	NGT	ON		d. STATE DC	e. ZIP CODE 20024
7. TO: (b)(6);((b)(7)(C))R			f. \$	SHIP VIA	٩				
CELLEBRI								8. TYI	PE OF ORDER		
b. COMPANY N	AME					a. PUF	RCHAS	SE	Ţ	X b. DELIVERY	ł
c. STREET ADD 7 CAMPUS		E			RI	EFEREN	NCE Y	OUR:	r	reverse, this deliv	nstructions on the ery order is ions contained on
								e following on the terms	t i	this side only of this side subject to	nis form and is the terms and
d. CITY PARSIPPA	NY		e. STATE NJ	f. ZIP CODE 07452	thi	s order a	and or	pecified on both sides of the attached sheet, if elivery as indicated.		conditions of the a contract.	above-numbered
9. ACCOUNTIN		PROPRIATION DATA	996,593 G		10	REQUI	ISITIO	NING OFFICE	li li		
Andrew Control - State Street Printer	10.10.001110.025	CATION (Check appropriate bo b. OTHER THAN SMALL	c. DISADV	ANTAGED d.	. WOMEN-	OWNED)	e. HUBZone		12. F.O.B. PO	
f. SERVIC	e-disable An-ownei	회장 ^^	D SMALL BUSINES THE WOSB PROC	The second s	h. EDWC	SB				Descinat	21011
a. INSPECTION	1	13. PLACE OF b. ACCEPTANCE		14. GOVERNMENT	B/L NO.			15. DELIVER TO F.O.B. ON OR BEFORE (Date 30 Days Afte	e)	16. DISCOU	NT TERMS
Destinat	ion	Destinati		8							Net 30
				17. SCHEDULE	1		Reject		1		
ITEM NO. (a)			DR SERVICES		ORI	ANTITY DERED (c)	UNIT (d)	UNIT PRICE (e)	AMOU (f)		QUANTITY ACCEPTED (g)
-	The De U.S. 1	Number: 0330955 epartment of Hom Immigration and , utilizes contr	68 Neland Sec Customs E	nforcement	,	<u></u>					
	Contin	nued									
`	18. SHIP	PING POINT		19. GROSS SHIPPI	ING WEIGI	нт		20. INVOICE NO.		I.	17(h) TOTAL (Cont.
			1	1 21. MAIL INVOICE TO	D:						pages)
	a. NAME		BE IDENTIE	TIED ON IND	IVIDUA	L			(b)(4)		
SEE BILLING INSTRUCTIONS ON REVERSE	b. STRE	ET ADDRESS DEL	IVERY ORDE	energian anna annais							17(i)
									(b)(4)		GRAND TOTAL
	c. CITY					d. STAT	ΓE	e. ZIP CODE			
22. UNITED AMERIC	STATES O							23. NAME (Typed) (b)(6);(b)(7)(C) TITLE: CONTRACTING	ORDERING OFF	FICER	I
AUTHORIZED FO									a an ann an an an Ann an An		ORM 347 (Rev. 2/2012)
PREVIOUS EDIT	ION NOT US	ABLE								Prescribed by G	SA/FAR 48 CFR 53.213(f)

PAGE NO

	Mark all packages and papers with contract and/or order numbers.			1		
DATE OF ORE 03/02/20	DER CONTRACT NO. 016 HSCEMD-13-D-00001			ORDER HSCE	RNO. TE-16-J-00048	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
	Universal Forensic Extraction Devices (UFEDs) for ICE agents. This is a Fixed-Priced Delivery order. Delivery shall be made within 30 days after receipt of order. All ICE HSCEMD-13-D-00001 terms and conditions apply. Exempt Action: N Accounting Info: (b)(7)(E)					
0001	Period of Performance: (b)(4) (b)(4) SHIP TO: 5150 EISENHOWER AVENUE ALEXANDRIA, VA 222304 ATTN: (b)(6);(b)(7)(C) 202-421-(b)(6);(b)(7)(C) (b)(4)	(b))(4)			
0002	(b)(4) *Advanced Payments are not authorized; INVOICING AND PAYMENT PROCEDURE:	(b)((4)			
	Contractors, please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ. This procedure takes effect 03/01/08 and pertains to all invoices submitted on that date and thereafter. 1. In accordance with Section G, Contract Administration Data, invoices shall now be submitted via one of the following three methods: a. By mail: (See Block 21) b. By facsimile (fax) at: 802-288-7658 Continued					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE 3

IMPORTANT:	Mark all packages and papers with contract and/or order numbers.						
DATE OF ORDE					ORDER N	10.	
03/02/20	16 HSCEMD-13-D-00001					E-16-J-00048	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	r	AMOUNT	QUANTITY
		ORDERED	1000 L.C.	PRICE			ACCEPTED
(a)	(b)	(c)	(d)	(e)		(f)	(g)
	(include a cover sheet with point of						
	contact & # of pages)						
	c. By e-mail at:						
	Invoice.Consolidation@dhs.gov						
	2. Invoices submitted by other than these						
	three methods will be returned. Contractor						
	Taxpayer Identification Number (TIN) must						
	be registered in the Central Contractor						
	Registration (http://www.ccr.gov) prior to						
	award and shall be notated on every invoice		5 - 5				
	submitted to ICE/OAQ on or after 03/01/08						
	to ensure prompt payment provisions are						
	met. The ICE program office identified in the delivery order/contract shall also be						
	notated on every invoice. Please send an						
	additional copy of the invoice to						
	ICEOCIOITSRACQ@DHS.GOV.						
	3. In accordance with Section I, Contract						
	Clauses, FAR 52.212-4 (g) (1), Contract		5 - 2				
	Terms and Conditions, Commercial Items, or						
	FAR 52.232-25 (a) (3), Prompt Payment, as						
	applicable, the information required with		s - 1				
	each invoice submission is as follows:						
	An invoice must include:						
	(i) Name and address of the Contractor;						
	(ii) Invoice date and number;						
	(iii) Contract number, contract line item						
1	number and, if applicable, the order						
1	number;						
	(iv) Description, quantity, unit of						
	measure, unit price and extended price of						
	the items delivered;						
	(v) Shipping number and date of shipment,						
	including the bill of lading number and						
	weight of shipment if shipped on Government						
	bill of lading;						
	(vi) Terms of any discount for prompt						
	payment offered;						
	(vii) Name and address of official to whom						
	payment is to be sent;						
	(viii) Name, title, and phone number of						
	person to notify in event of defective						
	invoice; and						
	(ix) Taxpayer Identification Number (TIN).						
	The Contractor shall include its TIN on the						
	invoice only if required elsewhere in this						
9	Continued						
		1	1		1		

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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OPTIONAL FORM 348 (Rev. 4/2006) Prescribed by GSA FAR (48 CFR) 53.213(f)

PAGE NO

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

4

	SCHEDULE - CONTINUATION	ja -				-1	
IMPORTANT:	Mark all packages and papers with contract and/or order numbers.						
DATE OF ORDE					ORDER	NO.	
03/02/20	16 HSCEMD-13-D-00001				HSCE	TE-16-J-00048	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT		AMOUNT	QUANTITY
		ORDERED		PRICE	8	0.000000000	ACCEPTED
(a)	(b)	(c)	(d)	(e)		(f)	(g)
	contract. (See paragraph 1 above.)						
	(x) Electronic funds transfer (EFT) banking						
	information.						
	(A) The Contractor shall include EFT						
	banking information on the invoice only if						
	required elsewhere in this contract.						
	(B) If EFT banking information is not						
	required to be on the invoice, in order for						
	the invoice to be a proper invoice, the						
	Contractor shall have submitted correct EFT						
	banking information in accordance with the						
	applicable solicitation provision, contract						
	clause (e.g., 52.232-33, Payment by						
	Electronic Funds Transfer; Central						
	Contractor Registration, or 52.232-34,						
	Payment by Electronic Funds Transfer; Other						1
	Than Central Contractor Registration), or						
	applicable agency procedures.						
	(C) EFT banking information is not required						
	if the Government waived the requirement to						
	pay by EFT.						
1	4. INVOICES WITHOUT THE ABOVE INFORMATION AND/OR NOT SUBMITTED BY ONE OF THE APPROVED						N
	METHODS (MAIL, FAX, OR EMAIL) MAY BE						
	RETURNED FOR RESUBMISSION.						
	5. EACH PROGRAM OFFICE IS RESPONSIBLE FOR		1 1				
	RECEIPT AND ACCEPTANCE OF GOODS AND/OR						
	SERVICES. UPON RECEIPT AND ACCEPTANCE OF						
	GOODS/SERVICES, COMPLETE THE APPLICABLE						
	FFMS REPORTS OR DFC WILL NOT PROCESS THE						
	INVOICE FOR PAYMENT.						
	6. ADVANCE PAYMENTS ARE NOT AUTHORIZED.						
	CONTRACTOR SHALL SUBMIT AN INVOICE MONTHLY						
	OR QUARTERLY IN ARREARS.		1				
	7. FOR INQUIRING PAYMENT STATUS, VENDORS						
	CAN CALL DFC CUSTOMER SERVICE AT						
	214-915-6277 OR FAX AT 214-915-6262 BETWEEN						
	7:30 A.M. AND 4:30 P.M., MONDAY THRU FRIDAY						
	CST. EMAIL ADDRESS IS						
	CUSTOMERSERVICE.DFC@DHS.GOV.						
	Signature below constitutes acceptance of						
	the above ICE Terms and Conditions;						
	The Contractor is requested to acknowledge						
	acceptance of this delivery order by						
	signing in the space below and returning a						
	Continued						
I		1	1	1			1

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

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s	with	contract	and/or	order	numbers	2	

	Mark all packages and papers with contract and/or order numbers.				~~	
DATE OF ORDE					ORDER NO.	
All the Least Street of	16 HSCEMD-13-D-00001				HSCETE-16-J-00048	-
ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	copy of this page with signature to the					
	Contract Specialist via email. The					
	Contractor should not accept any					
	instruction that results in a change to the					
	supplies/services ordered herein from any Entity.					
	Encicy.					
	FOR QUESTIONS OR CONCERNS PLEASE CONTACT					
	THE FOLLOWING:					
	CONTRACT SPECIALIST:					
	(b)(6);(b)(7)(C)					
	DHS/ICE/OAQ/ITD					
	Phone: 202-732-(b)(6);(b)(7)(C)					
	Email: (b)(6);(b)(7)(C)					
	PROGRAM OFFICE COR/POC:					
	(b)(6);(b)(7)(C)					
	DHS/ICE/OPR					
	Desk: 202-421-(b)(6);(b)(7)(C)					
	Email: (b)(6);(b)(7)(C)					
	CONTRACTOR:					
	Cellebrite					
	(201) 848-(b)(6);(b)(7)(C)					
	(b)(6);(b)(7)(C)					
	The total amount of award: (b)(4) . The					
	obligation for this award is shown in box					
	17(i).					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		·		\$0.00	I

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		OR	DER FOR SI	JPPLIES OR SE	RVICE	ES					PAGE 0	OF PAGES
IMPORTANT:	Mark all	packages and papers with o	contract and/or c	rder numbers.		000182					1	4
1. DATE OF OR	DER	2. CONTRACT NO. (If any)							6. SHIP TO:	i i		
03/03/20	16				а	a. NAME (OF CO	NSIGNEE				
3. ORDER NO.			4. REQUISITION	REFERENCE NO.			_					
HSCETE-1	6-P-0	0006	1921160PF	RHQ160007	E	DHS-I	CE-(OPR				
ICE/Info Immigrat	rmati ion a	ess correspondence to) on Technology Di nd Customs Enfor uisition Managen	cement		I		ECH	RESS OPS GROUP ENHOWER AVENU	E			
		NW, (b)(6);(b)(7)(C)	liene									
Washingt						. CITY ALEXA	NDR	IA			d. STATE VA	e. ZIP CODE 22304
7. TO: (b)(6);(b	o)(7)(C)				f.	SHIP VI	Ą					
a. NAME OF CO MSAB INC					-			8. TY	PE OF ORDER			
b. COMPANY N	AME				2	X a. PUF	RCHA	SE		b.	DELIVERY	(
c. STREET ADD 5300 SHA		ROAD SUITE 100				REFEREN				revers	e, this delive	nstructions on the ery order is ons contained on
					a	and condit	tions s	e following on the terms pecified on both sides of		this sid	de only of th I subject to f	is form and is he terms and above-numbered
d. CITY ALEXANDRI	IA		e. STAT VA	E f. ZIP CODE 223122311				n the attached sheet, if elivery as indicated.		contra	ct.	14
9. ACCOUNTING		PROPRIATION DATA						NING OFFICE of Professnl	Responsi	hili	tv	
	ST 1040 171 107 175	CATION (Check appropriate bo b. OTHER THAN SMALL	c. DISADV	1994/02/35/25	I. WOMEN			e. HUBZone	100000101	12.	F.O.B. POI stinat	
f. SERVICE VETERA	E-DISABLE AN-OWNEI	2017년			h. EDW	/OSB						
a. INSPECTION		13. PLACE OF		14. GOVERNMENT	B/L NO.			15. DELIVER TO F.O.B. ON OR BEFORE (Dat 30 Days Afte	e)	1	6. DISCOU	NT TERMS
Destinat		Destinati		ie.				So bays mee	i imara			Net 30
5.7 5		E.		17. SCHEDULI	E (See rev	verse for	Rejec	tions)) <u>2</u>			
ITEM NO. (a)			DR SERVICES			JANTITY RDERED (c)	UNIT (d)	UNIT PRICE (e)	-065225	OUNT (f)		QUANTITY ACCEPTED (g)
	DO/DP	Number: 8313017 AS Rating: N Exenting Info:	62	n: N								
	Conti	nued										
1	18. SHIP	PING POINT		19. GROSS SHIPP	ING WEIC	GHT		20. INVOICE NO.				17(h) TOTAL (Cont.
			7	21. MAIL INVOICE TO	D:							pages)
	a. NAME	DHS	-ICE-OPR						(b)(4)			
SEE BILLING	b. STRE		-TECH OPS	GROUP								
ON REVERSE	(or P.O. I	Box)		VER AVENUE								17(i) GRAND TOTAL
	c. CITY					d. STA	TE	e. ZIP CODE	(b)(4)			
		EXANDRIA				VA		22304				
22. UNITED S	STATES O	F)						23. NAME (Typed)	and the second s			
AMERIC	ABY (Sigr	nature)						(b)(6);(b)(7)(C) TITLE: CONTRACTING	ORDERING OF	FFICER		
AUTHORIZED FO PREVIOUS EDITI												DRM 347 (Rev. 2/2012) SA/FAR 48 CFR 53.213(f)

PAGE NO

IMPORTAN	T: Mark all packages and papers with contract and/or order numbers.					
DATE OF OR				2007 A 100	ER NO.	
03/03/2	016			HSC	ETE-16-P-00006	20
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
0.000		0		1040184		
0001	(b)(4)	(b)	(4)		÷	
	Dr. S.z. as					
	Period of Performance: (b)(4)					
	(b)(4)					
	INVOICING AND PAYMENT PROCEDURE:					
	Contractors, please use these procedures					
	when you submit an invoice for all					
	acquisitions emanating from ICE/OAQ. This		5 - S			
	procedure takes effect 03/01/08 and					
	pertains to all invoices submitted on that					
	date and thereafter.					
	1. In accordance with Section G, Contract					
	Administration Data, invoices shall now be					
	submitted via one of the following three					
	methods:					
	a. By mail: (See Block 21)					
	b. By facsimile (fax) at: 802-288-7658					
	(include a cover sheet with point of					
	contact & # of pages)					
	c. By e-mail at: Invoice.Consolidation@dhs.gov					
	2. Invoices submitted by other than these					
	three methods will be returned. Contractor					
	Taxpayer Identification Number (TIN) must					6
	be registered in the System for Award					
	Management		1			
	(https://www.sam.gov/portal/public/SAM/)					
	prior to award and shall be notated on					
	every invoice submitted to ICE/OAQ on or		1			
	after 03/01/08 to ensure prompt payment					
	provisions are met. The ICE program office					
	identified in the delivery order/contract		5 - S			
	shall also be notated on every invoice.					
	Please send an additional copy of the					
	invoice to ICEOCIOITSRACQ@DHS.GOV.					
	3. In accordance with Section I, Contract					
	Clauses, FAR 52.212-4 (g)(1), Contract					
	Terms and Conditions, Commercial Items, or					
	FAR 52.232-25 (a)(3), Prompt Payment, as					
	applicable, the information required with					
	each invoice submission is as follows:					
	An invoice must include:					
	(i) Name and address of the Contractor;					
	Continued					
1	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	N	0 3		(b)(4)	

TOTAL CARRIED FORWARD TO 131 FAGE (ITEM 17(H))

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PAGE NO

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	Mark all packages and papers with contract and/or order numbers.						
DATE OF ORDE				2	ORDER NO.		
03/03/20:	16			1	HSCETE-16-E	-00006	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMO	DUNT	QUANTITY
(2)	(b)	ORDERED (c)	(d)	PRICE	Charles 1	(4)	ACCEPTED
(a)	(b) (ii) Invoice date and number;	(0)	(u)	(e)		(f)	(g)
	(iii) Contract number, contract line item						
	number and, if applicable, the order number;						
	(iv) Description, quantity, unit of						
	measure, unit price and extended price of						
	the items delivered;						
	(v) Shipping number and date of shipment,						
	including the bill of lading number and						
	weight of shipment if shipped on Government						
	bill of lading;						
	(vi) Terms of any discount for prompt						
	payment offered;						
	(vii) Name and address of official to whom						
	payment is to be sent;						
	(viii) Name, title, and phone number of						
	person to notify in event of defective						
	invoice; and						
	(ix) Taxpayer Identification Number (TIN).						
	The Contractor shall include its TIN on the						
	invoice only if required elsewhere in this						
	contract. (See paragraph 1 above.)						
	(x) Electronic funds transfer (EFT) banking						
	information.						
	(A) The Contractor shall include EFT						
1	banking information on the invoice only if						
	required elsewhere in this contract.						
	(B) If EFT banking information is not						
	required to be on the invoice, in order for						
	the invoice to be a proper invoice, the						
	Contractor shall have submitted correct EFT						
]	banking information in accordance with the						
ć	applicable solicitation provision, contract						
c	clause (e.g., 52.232-33, Payment by						
1	Electronic Funds Transfer; Central						
C	Contractor Registration, or 52.232-34,						
1	Payment by Electronic Funds Transfer; Other						
1	Than Central Contractor Registration), or						
ć	applicable agency procedures.						
	(C) EFT banking information is not required						
	if the Government waived the requirement to						
1	pay by EFT.						
	4. Invoices without the above information						
ć	and/or not submitted by one of the approved						
	methods (mail, fax, or email) may be						
	returned for resubmission.						
	5. Each Program Office is responsible for						
C	Continued						
I		1	I		1		

AUTHORIZED FOR LOCAL REPODUCTION PREVIOUS EDITION NOT USABLE

PAGE NO

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TE OF ORD				1000	DER NO.	
/03/20	16			HS	CETE-16-P-00006	2
EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	(c)	(d)	PRICE (e)	(f)	(g)
	receipt and acceptance of goods and/or					
	services. Upon receipt and acceptance of					
	goods/services, complete the applicable		11			
	FFMS reports or DFC will not process the					
	invoice for payment.		11			
	6. For inquiring payment status, vendors					
	can call DFC customer service at					
	1-877-491-6521 between 8:00 a.m. and 5:30					
	p.m., Monday thru Friday CST. Email address					
	is ocfo.customerservice@ice.dhs.gov.					
	Clause Incorporated by Reference: FAR					
	52.222-50, "Combating Trafficking in		1 1			
	Persons" (FEB 2009)		11			
	FAR 52.223-16, "IEEE 1680 Standard for the					
	Environmental Assessment of Personal					
	Computer Products" (DEC 2007) Section 508					
	Compliance 29 U.S.C. Section 508 of the					
	Rehabilitation					
	Act (29 U.S.C. 794d), as amended by the					
	Workforce Investment Act of 1998					
	(P.L.105-220), August 7, 1998,		11			
	(HSAR) 48 CFR 3009.104-75, "Prohibition on					
	Contracts with Corporate Expatriates" (JUN					
	2006)					
	The total amount of award: (b)(4) . The					
	obligation for this award is shown in box		1 1			
	17(i).					
		1	r I		1	1

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		OR	DER F	OR SU	PLIES OR SER	VICES				PAGE	OF PAGES				
IMPORTANT:	Mark all p	oackages a	and papers with c								1	9			
1. DATE OF OR	DER	2. CONTRA	ACT NO. (If any)							6. SHIP TO:	41				
08/26/20	16						a. NAME	OF CC	INSIGNEE						
3. ORDER NO. HSCETE-1	6-P-0	0035		1.5.10		EFERENCE NO. 1CCC0055	DHS 1	CE	HSI HQ DIV4						
5. ISSUING OFF ICE/Info	FICE (Addre	ess correspo on Tec	hnology Di	visio	on		(b)(6);(b	b.STREET ADDRESS (b)(6):(b)(7)(C) 11320 Random Hills							
Office o	of Acqu	uisiti	toms Enfor on Managem		IC		(b)(6);(b		AND CONTRACT AND ADDRESS AND ADDRE						
801 I St Washingt		and the second sec	6);(D)(7)(C)				c.CITY Fairt	c.CITY Fairfax d.STATE e.ZIP CODE VA 22030							
7. TO: SUST	CEEN I	NC					f. SHIP V	f. SHIP VIA							
a. NAME OF CO SUSTEEN		R					8. TYPE OF ORDER								
b. COMPANY N	AME						X a. PL	JRCHA	SE		b. DELIVER	ř.			
c.STREET ADDRESS 8001 IRVINE CENTER DR							REFERE			E	xcept for billing	instructions on the			
SUITE 15							HSCE.	LE-1	6-Q-00316	re	verse, this deliv	very order is			
										th	is side only of t				
-					1000 P. 1 100 P. 100 P.		and cond	litions s	ne following on the terms pecified on both sides of	1.111	sued subject to anditions of the	the terms and above-numbered			
TOUTNE						f. ZIP CODE 926182938	and the second s		n the attached sheet, if elivery as indicated.	c	ontract.				
9. ACCOUNTING AND APPROPRIATION DATA See Schedule							10. REQUISITIONING OFFICE ICE Hmlnd Sec Inv HQ Div. 4								
11. BUSINESS CLASSIFICATION (Check appropriate box(es))											12. F.O.B. PO	INT			
X a. SMALL	E-DISABLE		g. WOMEN-OWNEI		DISADVAI BUSINES		VOMEN-OWNE	D	e. HUBZone		Destina	tion			
	AN-OWNED		ELIGIBLE UNDER				n. EDWOSB								
		13. PLA	CE OF			14. GOVERNMENT B/	LNO.		15. DELIVER TO F.O.B. ON OR BEFORE (Date		16. DISCOL	INT TERMS			
a.INSPECTION Destinat			b.ACCEPTANCE Destinati						30 Days Afte	r Award		Net 30			
			2			17. SCHEDULE (See reverse fo	r Rejec	tions)		a				
ITEM NO. (a)			SUPPLIES O	DR SERVIO	CES		QUANTITY ORDERED (c)		UNIT PRICE (e)	AMOU (f)	NT	QUANTITY ACCEPTED (g)			
-	This i issued incorp	is a F: d to Si porate:	: 7970527 irm Fixed usteen, In	01 Price c. Th mbers	is or	hase Order der SV4R-32 and						(9)			
	Contir	nued .													
	18. SHIPF	PING POINT	Γ			19. GROSS SHIPPIN	G WEIGHT		20. INVOICE NO.			17(h) TOTAL (Cont.			
					2	1. MAIL INVOICE TO:						pages)			
	a. NAME DHS, ICE						(b)(4)								
SEE BILLING INSTRUCTIONS ON REVERSE	NSTRUCTIONS b. STREET ADDRESS Burlington Finance Cente						c					17(i) GRAND TOTAL			
	c. CITY Wi	llisto	'n				d. ST/		e. ZIP CODE	(b)(4)					
	1	~	/11.:				V	ř.	05495-1620 23. NAME (Typed)						
22. UNITED	STATES OF A BY (Sign								(b)(6);(b)(7)(C) TITLE: CONTRACTING	ORDERING OFFI	CER				
AUTHORIZED FO	AUTHORIZED FOR LOCAL REPRODUCTION									222222	ORM 347 (Rev. 2/2012)				
PREVIOUS EDIT												SSA/FAR 48 CFR 53.213(f)			

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and the second s		all packages and papers with contract and/or order numbers.			1				
DATE OF ORD 08/26/20	0.000	CONTRACT NO.				ORDER N HSCET	5		
ITEM NO.	010	SUPPLIES/SERVICES	QUANTITY		UNIT	1.000	AMOUNT	1	QUANTITY
			ORDERED		PRICE				ACCEPTED
(a)	POC	(b) for program:	(c)	(d)	(e)		(f)		(g)
		;(b)(7)(C) , (703) 293-(b)(6);(b)(7)(C)							
		(b)(7)(C)				-			
		;(b)(7)(C) , (703) 293-(b)(6);(b)(7)(C)							
	(b)(6)	;(b)(7)(C)							
		;(b)(7)(C) , (703) 293-(b)(6);(b)(7)(C)							
	(b)(6)	;(b)(7)(C)							
	POC	for contracts office: (b)(6);(b)(7)(C)							
	Ema	il: (b)(6);(b)(7)(C)							
		-732-(b)(6);(b)(7)(C)							
		for contractor: (b)(6);(b)(7)(C)							
		il: (b)(6);(b)(7)(C)							
	(94)	9) 789-(b)(6);(b)(7)(C)							
	PSC	: (b)(4)							
		CS: (b)(4)						÷	
	1.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	mpt Action: N							
	Acc	ounting Info:							
	(b)(7)	(E)							
	Deve	ind of Doufourney (b)(4)							
	(b)(4)	iod of Performance: (b)(4)				-			
	(0)(4)							5	
0001	(b)(4)		(b)(4))					
			-			1			
		/ICE/HSI CYBER CRIMES CENTER, 11320							
	220.	DOM HILLS RD., (b)(6);(b)(7)(C) FAIRFAX, VA							
	220.								
0002	(b)(4)	;(b)(6);(b)(7)(C)	(b)(4)					
	CVD	ER CRIMES CENTER, 11320 RANDOM HILLS							
	and the second second	(b)(6);(b)(7)(C), FAIRFAX, VA 22030.							
	110.	TRIMING VA 22030.							
	5								
0003	(b)(4)		(b)(4)					
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	Con	tinued							
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	1								
	5								
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	T: Mark all packages and papers with contract and/or order numbers.			Ť		
				2003	RDER NO. SCETE-16-P-00035	
08/26/2	2월 2월 28일 11일 				and a second sec	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Invoice Instructions:					
	ICE - NON-ERO Contract					
	(b)(6);(b)(7)(C)					
	(b)(6);(b)(7)(C)					
	(703) 293-(b)(6);(b)(7)(C)					
	Service Providers/Contractors shall follow					
	these procedures when submitting invoices.	1				
	1. Invoice Submission: Invoices shall be					n
	submitted in a ".pdf" format in accordance					
	with the contract terms and conditions					
	[Contract Specialist and Contracting					
	Officer to disclose if on a monthly basis					
	or other agreed to terms"] via email,					
	United States Postal Service (USPS) or	1				
	facsimile as follows:					
	1201 1212					
	a. Email:					
	 Invoice.Consolidation@ice.dhs.gov 					
	• Contracting Officer Representative (COR)					
	or Government Point of Contact (GPOC)					
	• Contract Specialist/Contracting Officer					
	Each email shall contain only (1) invoice					
	and the invoice number shall be indicated on the subject line of the email.					
	on the subject line of the email.					
	b. USPS:					
	DHS, ICE Financial Operations - Burlington					
	P.O. Box 1620					
	Williston, VT 05495-1620					
	ATTN: ICE-HIS-HQ-DIV4					
	The Contractors Data Universal Numbering					
	System (DUNS) Number must be registered and					
	active in the System for Award Management					
	(SAM) at https://www.sam.gov prior to award					
	and shall be notated on every invoice					
	submitted to ensure prompt payment					
	Continued					
			1		1	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

AUTHORIZED FOR LOCAL REPODUCTION PREVIOUS EDITION NOT USABLE IMPORTANT: Mark all packages and papers with contract and/or order numbers.

PAGE NO

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(0) (0) (0) (0) (0) (0) provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. .	TEM NO.	SUPPLIES/SERVICES		UNIT		AMOUNT	QUANTITY			
	(a)	<pre>(b) provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. C. Facsimile: Alternative Invoices shall be submitted to: (802)-288-7658 Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. 2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable: (i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM; (ii) Dunn and Bradstreet (D&B) DUNS number; (iii) Invoice date and unique invoice number; (iv) Agreement/Contract number, , if applicable, the order number; (v) Contract Line Item Number(s) (CLIN); </pre>	ORDERED	Sect."	PRICE	0.0000000000	ACCEPTE			

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TE OF ORDE	Mark all packages and papers with contract and/or order numbers. CONTRACT NO.				ORDER NO.				
/26/20	16				HSCETE-16-P-00035				
EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE		AMOUNT	QUANTIT		
(a)	(b)	(c)	(d)	(e)		(f)	(g)		
	Description; quantity; unit of measure;								
	unit price and extended price of the items								
	delivered, period of performance (each CLIN								
	shall be identified separately on the								
	invoice);								
	(vi) If applicable, shipping number and								
	date of shipment, including the bill of								
	lading number and weight of shipment if								
	shipped on Government bill of lading;								
	(wii) mawaa af ann diasanat fan anamt								
	(vii) Terms of any discount for prompt								
1	payment offered;								
	(viii) Remit to Address;								
	(ix) Name, title, and phone number of								
	person to notify in event of an improper								
:	invoice;								
	(x) ICE program office designated on								
	order/contract/agreement and								
	(xi) Mark invoice as "Interim" (Ongoing								
	performance and additional billing								
	expected) and "Final" (performance complete								
ć	and no additional billing)								
	(xii) Electronic Funds Transfer (EFT)								
	banking information in accordance with								
	52.232-33 Payment by Electronic Funds								
	Iransfer - System for Award Management or								
	52-232-34, Payment by Electronic Funds								
	Iransfer - Other than System for Award								
	Management.								
	3. Other than Firm Fixed Price (FFP) Type								
	Contracts: Contract types other than Firmed								
	Fixed Priced (FFP) may require additional								
	information as follows (tailor for your								
	requirement):								
1	ALT 1- Time and Material Contracts								
1	Materials on T&M Orders must comply with								
1	FAR 52.232-7 Payments Under								
(Continued								
l	OTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	<hr/>				\$0.00			

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PAGE NO

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

6

	SCHEDULE - CONTINUATION					1. Contract (1. Co			
	: Mark all packages and papers with contract and/or order numbers.								
ATE OF ORE					ORDER NO. HSCETE-16-P-00035				
8/26/20	016				HSCETE				
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT		AMOUNT	QUANTITY		
(a)	(b)	ORDERED (c)	(d)	PRICE (e)		(f)	ACCEPTED (g)		
(1)347	Time-and-Materials and Labor Hour Contracts	0.0000		1.0645		1.000			
	(Aug 2012).								
	ALT 2 - Cost Contracts								
	a. Cost Plus Award Fee:								
	The contractor may invoice monthly on the								
	basis of cost incurred for the Labor CLIN.								
	The invoice shall include the period of						1		
	performance covered by the invoice and the								
	CLIN number and name. All hours and cost								
	shall be reported, and shall be provided								
	for the current billing month and in total								
	for project to date. The contractor shall								
	also provide the invoice in spreadsheet								
	form with the following supporting								
	information:								
	• CLIN/Task Total Hours: This will identify								
	all current and cumulative contractor								
	employees by labor category on the project								
	and their total CLIN/Task hours billed. The						-		
	listing shall include separate columns and								
	totals for the current invoice period and								
	the project to date.								
	• CLIN/Task Total Costs: This will identify								
	all current and past contractor employees								
	by labor category, and rate on the project								
	and their total CLIN/task cost billed. The								
	rate for each labor category shall also be						-		
	shown. The listing shall include separate								
	columns and totals for the current invoice								
	period and the project to date.								
	The contracting officer must unilaterally								
	modify the contract to fund and allow								
	payment of the earned award fee upon								
	receipt of the Award Fee Determining								
	Official (AFDO) decision. The modification								
	shall (1) include a copy of the AFDO								
	decision, (2) obligate the earned fee						1		
	amount, (3) reference the award fee of the								
	contract as authority for payment, and (4)		[]				1		
	authorize payment of the award fee.						1		
	Continued								
							1		
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							1		
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OPTIONAL FORM 348 (Rev. 4/2006) Prescribed by GSA FAR (48 CFR) 53.213(f)

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		k all packages and papers with contract and/or order numbers.								
DATE OF ORD	0-0-0-0-0	CONTRACT NO.				ORDER NO. HSCETE-16-P-00035				
08/26/20	116			Comercia	1.11 A 1.11 A	HSCELE-	27527552.00052.52			
ITEM NO.		SUPPLIES/SERVICES	QUANTITY	12 C 1 C 1	UNIT		AMOUNT	QUANTITY		
(a)		(b)	(c)	(d)	(e)		(f)	(g)		
	<pre>if the a c autthe con amo of The cur In yea of The cur In yea of Dir in b. Cos The the Dir in for in • D All Con ind cur cur cur cur cur cur cur cur cur cur</pre>	<pre>(0) a contractor shall be paid the award fee, any, upon submittal of proper invoice to a Burlington Finance Office together with oopy of the contract modification thorizing payment of the award fee for a applicable award fee period. The tractor's invoice shall indicate the purt of the award fee earned and payable the applicable award fee CLIN. The tractor's invoice must cite the propriate accounting data. There will be provisional, interim, or advance billing the award fee. award fee will be paid with funds trent at the time of the AFDO decision. many cases, that will be in the fiscal ar following performance. The award fee puts not earned during a given period all not be available in future periods. Cost Reimbursable CLIN (Other Direct ts) a contractor may invoice on a monthly on e basis of cost incurred for the Other bet Cost (ODC) CLINS. The invoice shall and the period of performance covered the invoice and the CLIN number and the invoice submitted, as applicable spreadsheet form: tem purchased out and the ontractor shall avide the following detailed information to each invoice submitted, as applicable spreadsheet form: tem purchased out and the ontractor shall avide the following detailed information to acch invoice submitted, as applicable applicable to prior COR approval for the avail also include applicable direct cost. Cost Reimbursable Travel CLIN: The thractor may invoice monthly on the basis attinued</pre>			PRICE			ACCEPTED (g)		

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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		all packages and papers with contract and/or order numbers.									
DATE OF ORE	DER	CONTRACT NO.				ORDER NO					
08/26/20	016					HSCETE-16-P-00035					
ITEM NO.		SUPPLIES/SERVICES	QUANTITY		UNIT		AMOUNT	QUANTITY			
(a)		(b)	ORDERED (c)	(d)	PRICE (e)		(f)	ACCEPTED (g)			
	of	cost incurred. The invoice shall include	107	(4)	(0)		(6)	(9/			
	1.000	period of performance covered by the									
		poice and the CLIN number and name. In		1							
	-	lition, the contractor shall provide the									
	No	lowing detailed information for each									
	1 m m	oice submitted, as applicable in									
	2010/01/07	eadsheet form:									
	all pro col	Project Total Travel: This will identify current and cumulative travel on the ject. The listing shall include separate umns and totals for the following, at a imum:									
		ate Expensed uthorized Travel Event Number									
	- 11	ays of Travel									
		ocumentation of COR approval prior to vel									
	Fed con all	vel shall be in accordance with the leral Travel Regulations (FTR). The tractor shall be reimbursed for actual, owable, and reasonable cost, not to reed the amount shown in the schedule.									
	cos to con	fit shall not be applied to travel ts. Contractors may apply indirect costs travel in accordance with the tractors usual accounting practices sistent with FAR 31.2.									
	is coo sen	order to ensure that an accurate invoice submitted, the Contractor shall ordinate the invoice with the COR before ding the invoice to Financial Operations lington.									
	inv con 1-8	Invoice Inquiries: Questions regarding roice submission or payment, please tact ICE Financial Operations at 77-491-6521 or by e-mail at O.CustomerService@ice.dhs.gov									
	obl	total amount of award: <mark>(b)(4)</mark> . The igation for this award is shown in box tinued									
	TOTAL	CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	>		l		\$0.00	1			

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TE OF ORDER	rk all packages and papers with contract and/or order numbers. CONTRACT NO.				ORDER NO.				
/26/2016					HSCETE-16-P-00035				
EM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTIT			
(a)	(b)	ORDERED	(d)	PRICE (e)	(f)	ACCEPTE (g)			
	(i).	<u></u>	(-/			(3)			
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	ORDER FOR SUPPLIES OR SERVIC								VICES					OF PAGES
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1. DATE OF OR	CONTRACTOR NO.	and the second second	ACT NO. (If any) E-312CA								6. SHIP TO:			2.11
03/03/20	17	GS-351	E-312CA					a. NAME	OF CC	NSIGNEE				
3. ORDER NO.				4. REQUIS		EEEDENC								
HSCETE-1	7-F-0	0004		19211				ICE H	MLN	D SEC INV HQ	DIV 4			
						100000								
5. ISSUING OF			NOLOGY DIV	/ISION				b. STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT						
IMMIGRAI	TION A	ND CUS	TOMS ENFOR	RCEMEN	Г			11320 RANDOM HILLS ROAD						
			ON MANAGEM	1ENT				(b)(6);(b)((7)(C)					
801 I ST		and so and a second												
WASHINGI	ON DC	20536						c. CITY FAIRFAX d. STATE VA 22030						
7. TO: (b)(6);(h(7)(C)							f. SHIP VI	•				• • • •	22030
a. NAME OF CO)R							~					
OXYGEN F			C							8. TYF	E OF ORDER			
b. COMPANY N	AME							a. PUI	рсная	of Mark		Хь	DELIVERY	ž
c. STREET ADD	RESS							REFEREN					DELIVER	
901 N PI	TT ST	STE 1	70											instructions on the
													se, this deliv ct to instruct	ery order is ions contained on
								Please fur	nish th	ne following on the terms				his form and is
						1		and condit	tions s	pecified on both sides of				the terms and above-numbered
d. CITY ALEXANDR.	ALEXANDRIA e. STATE f. ZIP CODE VA 22314							and the second s		n the attached sheet, if elivery as indicated.	3	contra	ict.	
9. ACCOUNTIN					VЛ	2231	4			NING OFFICE				
See Sche		KOFKIAH								D SEC INV HQ	DIV 4			
11. BUSINESS CLASSIFICATION (Check appropriate box(es))						11-1 ASV2022		2			12.	F.O.B. POI	NT	
a. SMALL			R THAN SMALL	Contraction Sector		NTAGED	V-12-5 01-53	MEN-OWNED	0	e. HUBZone		De	stinat	cion
	E-DISABLE	201	g. WOMEN-OWNER ELIGIBLE UNDER			a second second second second	h. E	DWOSB						
-		13. PLA	CE OF			14. GOVER	RNMENT B/L N	Ю.		15. DELIVER TO F.O.B.	POINT	1	6. DISCOU	NT TERMS
a. INSPECTION	1	01500000000	b. ACCEPTANCE							ON OR BEFORE (Date 30 Days Afte) r Award			
Destinat			Destinati							oo bayo mee	1 mara			Net 30
						17. S	CHEDULE (Se	e reverse for	Rejec	tions)				
			2-0-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					QUANTITY		UNIT				QUANTITY
ITEM NO. (a)			SUPPLIES O		ES			ORDERED (c)	(d)	PRICE (e)	AMO (1			ACCEPTED (g)
	DUNS N	Number	: 0788845					1.57	2					(3)
			CT REPLACE				222722							
			J-00344 WH THE WRONG			STAKE	NLY							
	riwrii(Di	10 10	THE WRONG	VENDOI										
			IS FOR THE	PURCH	HASE	OF OX	YGEN							
	Contir	nued .	• •											
		PING POIN	т		-	10 GROS	SS SHIPPING V	VEIGHT		20. INVOICE NO.				117(h)
	io. or in r	ind rolly	ði.			13. 0100	55 5111 7 1145 1	VEIGHT		20. INVOICE NO.				TOTAL
											_			(Cont. pages)
					2	1. MAIL IN	VOICE TO:							
	a. NAME		DHS	ICE							(b)(4)			
SEE BILLING	h etper	ET ADDRES	9-37 ACA2106	ADDENIEN.	N DT	NANOR	OPMERD				_			
ON REVERSE	(or P.O. I			BOX 16		NANCE	CENTER							17(i)
				N ICE-		HO-DIN	J 4							GRAND
											(b)(4)			TOTAL
	c. CITY							d. STA	TE	e. ZIP CODE	(0)(4)			
	WI	LLISTO	N					VT		05495-1620	si u			
22. UNITED	STATES OF		1							23. NAME (Typed)				
AMERIC	ABY (Sign	ature)								(b)(6);(b)(7)(C) TITLE: CONTRACTING	ORDERING OF	FICEP	8	
AUTHORIZED FO		EDDODUOT	ON								CINELING OF	0.5559063		ODM 347
PREVIOUS EDIT														ORM 347 (Rev. 2/2012) SA/FAR 48 CFR 53.213(f)

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and the second se	: Mark all packages and papers with contract and/or order numbers.							
DATE OF ORD					ORDER NO. HSCETE-17-F-00004			
03/03/20	017 GS-35F-312CA	-	-		HSCETE-1/-F-0	10004		
ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE	AMOUN	T		
(a)	0) FORENSICS PROPRIETARY SOFTWARE IN SUPPORT FORENSICS PROPRIETARY SOFTWARE IN SUPPORT HOMELAND SECURITY INVESTIGATIONS, DIVISION FOUR. CONTACT THE CONTRACTING OFFICER WITH ANY QUESTIONS REGARDING THIS ORDER. CONTRACTING OFFICER: D)(6)(b)(7)(C) EMAIL: EMAIL: D)(6)(b)(7)(C) EXEmpt Action: N Sensitive Award: Accounting Info: (b)(4) Exempt Action: NSENSITY Software MICS: (b)(4) D(4) Exempt Action: NSENSITY Forensics: (D)(4) D(4) D(4) D(4) OXYGEN FORENSICS SUITE SOFTWARE THIS IS A REPLACEMENT CONTRACT #HSCETE-17-P-00004, WHICH SUPERSEDES ORDER #HSCETE-16-J-00344, WHICH WAS AWARDED DURING FISCAL YEAR 2016. THE CORRECT VENDOR NAME (OXYGEN FORENSICS) ON CONTRACT. A NEGOTIATED ADDITIONAL COST IN THE AMOUNT OF (b)(4) WILL BE ADDED TO THIS ORDERV		(d)	(e)	(b)(4		(g)	
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	\geq			(b)(4)			
	OR LOCAL REPODUCTION					OPTION	AL FORM 348 (Rev. 4/2006)	

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			ORDER F	OR SUP	PLIES OR SEF	RVICE	ES					PAGE (OF PAGES	
IMPORTANT:	Mark all	packages and papers v										1	15	
1. DATE OF OR		2. CONTRACT NO. (If an HSCEMD-13-D-(1.0							6. SHIP TO	i.		AR.	
05/25/20		HSCEMD-13-D-0	00001			1	a. NAME (OF CC	NSIGNEE					
3. ORDER NO. HSCETE-1	7-J-0	0166	10.000		EFERENCE NO. IQ160011	1	IMMIG	RAT	ION AND CUSTO	MS ENFOF	RCEM	IENT		
		ess correspondence to) N TECHNOLOGY	DIVISIO	N			b. STREET ADDRESS ATTN (b)(6);(b)(7)(C)							
IMMIGRAT	ION AI	ND CUSTOMS EN	FORCEME	NT					ENHOWER AVENU	E				
	-	JISITION MANA	GEMENT											
		NW (b)(6);(b)(7)(C)					OITY						710 0005	
WASHINGT	'ON DC	20536					c. CITYd. STATEe. ZIP CODEALEXANDRIAVA22304							
7. TO:						f	f. SHIP VI	A						
a. NAME OF CO CELLEBRI						-			8. TYF	PE OF ORDER				
b. COMPANY N	AME					Î	a. PUF	RCHA	SE		X	b. DELIVERY	,	
c. STREET ADD	RESS						REFEREN				-	D. DELIVER		
7 CAMPUS	DRIVI	Ξ										- C	nstructions on the	
SUITE 21	.0					-						rse, this delive ect to instruct	ery order is ions contained on	
						-	Diagona fur	nich th	e following on the terms				is form and is	
									pecified on both sides of			이 가고 집아님, 그런 아니지, 가슴을	the terms and above-numbered	
d. CITY PARSIPPA	NY.			e. STATE	f. ZIP CODE				n the attached sheet, if elivery as indicated.		cont	ract.		
-				NJ	07452		2012-022-022-022-02	·						
9. ACCOUNTING		PROPRIATION DATA							NING OFFICE OF PROFESSNL	RESPONST	BTL	TTY		
And the state of the second second		ATION (Check appropria	ate box(es))									2. F.O.B. POI	NT	
a. SMALL	같은 같은 것 같은 것 같은 ^^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^						N-OWNED	0	e. HUBZone		D	estinat	ion	
f. SERVIC		방법에 가지 말에 귀엽 가슴을 가 많이 많다.	WNED SMALL			h. EDW	VOSB				1000			
VETER	AN-OWNED		NDER THE WO		013410-									
		13. PLACE OF		1	14. GOVERNMENT B/	LNO.			15. DELIVER TO F.O.B. ON OR BEFORE (Date	ə)		16. DISCOU	NTTERMS	
a. INSPECTION Destinat		b. ACCEPTA Destina							30 Days Afte	r Award			Net 30	
		Ē.			17. SCHEDULE ((See re	everse for	Rejec	tions)	0				
ITEMNO				050			UANTITY		UNIT		OUNT		QUANTITY	
ITEM NO. (a)		SUPPL	IES OR SERV (b)	CES			RDERED (c)	(d)	PRICE (e)	2012/2012	OUNT (f)		ACCEPTED (g)	
		Number: 0330	95568	on cost					-					
		am Office (PO				1								
		ving Official 57-(b)(6);(b)(7)(C)	(RO): (5)(6);(b)(7)(C)									
		acting Office	r: (b)(6) (b)(7)(C)										
		32-(b)(6);(b)(7)(C)	in north	in noi										
	Contir	nued			1									
							2.2	_					₁ 17(h)	
	18. SHIPF	PING POINT			19. GROSS SHIPPIN	IG WEI	GHT		20. INVOICE NO.				TOTAL	
													(Cont.	
				21	I. MAIL INVOICE TO:								pages)	
	a. NAME									(b)(4)				
SEE BILLING		I	DHS ICE											
INSTRUCTIONS	1.0.5247.0.5.0.60.4		BURLINGI	'ON FIN	NANCE CENTER	R								
ON REVERSE	(or P.O. E	Box) E	PO BOX 1	620									17(i)	
		P	ATTN ICE	-OPR									GRAND TOTAL	
	0171						1.070			(b)(4)				
	c. CITY	TTTOTON					d. STA		e. ZIP CODE					
-	1.	LLISTON					VT		05495-1620					
22. UNITED									23. NAME (Typed) (b)(6);(b)(7)(C)					
AMERIC	ABY (Sign	aule							TITLE: CONTRACTING	ORDERING O	FFICE	R		
AUTHORIZED FO	OR LOCAL R	EPRODUCTION						-					ORM 347 (Rev. 2/2012)	
PREVIOUS EDIT											205		SA/FAR 48 CFR 53.213(f)	

PAGE NO

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

2		
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DATE OF ORD	ER CONTRACT NO.				ORDER NO.	
05/25/20	17 HSCEMD-13-D-00001				HSCETE-17-J-00166	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
	Contract Specialist: (b)(6);(b)(7)(C)					
	202-732-(b)(6);(b)(7)(C)					
	The purpose of this Firm-Fixed Price (FFP) Delivery Order (DO) against Indefinite					
	Delivery Indefinite Quantity (IDIQ)					
	HSCEMD-13-D-00001 is to purchase					
	Cellebrite, Inc. Universal Forensic					
	Extraction Devices (UFEDs) for the U.S.					
	Department of Homeland Security (DHS), U.S.					
	Immigration and Customs Enforcement (ICE) ICE Agents.					
	ICE Agents.					
	Delivery shall be made within 30 days after					
	receipt of order. All ICE HSCEMD-13-D-00001					
	terms and conditions apply.					
	Exempt Action: N Sensitive Award: NONE					
	Accounting Info: (b)(7)(E)					
	Period of Performance: (b)(4)					
	(b)(4)					
0001	(b)(4)	(b)(4	4)			
0001						
	(b)(4)					
0002	(b)(4)	10)(4)			_
0002)(4)		ĭ	
	Invoice Instructions:					
	ICE - NON-ERO Contracts					
	Service Providers/Contractors shall follow these procedures when submitting invoices.					
	these procedures when submitting invoices.					
	1. Invoice Submission: Invoices shall be					
	submitted in a ".pdf" format in accordance					
	with the contract terms and conditions					
	[Contract Specialist and Contracting					
	Officer to disclose if on a monthly basis or other agreed to terms"] via email,					
	United States Postal Service (USPS) or					
	facsimile as follows:					
	Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	>			(b)(4)	

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ORDER FOR SUPPLIES OR SERVICES SCHEDULE

PAGE NO

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SCHEDULE - CONTINUATION					3		
IMPORTANT: Ma	ark all packages and papers with contract and/or order numbers.			1	4		
DATE OF ORDER	CONTRACT NO.				ORDER NO.		
05/25/2017	HSCEMD-13-D-00001				HSCETE-17-J-001	66	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT	QUANTITY	
(a)	(b)		(d)	(e)	(f)	(g)	
a.	Email:		10 2				
	Invoice.Consolidation@ice.dhs.gov						

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OPTIONAL FORM 348 (Rev. 4/2006)

Continued ...

b. USPS:

DHS, ICE

P.O. Box 1620

ATTN: ICE-OPR

c. Facsimile:

to: (802)-288-7658

number of total pages.

number of total pages.

or Government Point of Contact (GPOC)

on the subject line of the email.

Financial Operations - Burlington

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award

and shall be notated on every invoice submitted to ensure prompt payment

also be notated on every invoice.

provisions are met. The ICE program office identified in the task order/contract shall

Alternative Invoices shall be submitted

Submissions by facsimile shall include a cover sheet, point of contact and the

Submissions by facsimile shall include a cover sheet, point of contact and the

Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on

Williston, VT 05495-1620

Each email shall contain only (1) invoice and the invoice number shall be indicated

Contracting Officer Representative (COR

Contract Specialist/Contracting Officer

PAGE NO

	SCHEDULE - CONTINUATION					4	
IMPORTAN	: Mark all packages and papers with contract and/or order numbers.			24		2	
DATE OF OR	DER CONTRACT NO.				ORDER NO.	T 001/22	
05/25/2	017 HSCEMD-13-D-00001	1			HSCETE-17-	-J-00166	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	A	MOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)		(f)	(g)
	every invoice submitted to ensure prompt						
	payment provisions are met. The ICE program office identified in the task						
	order/contract shall also be notated on						
	every invoice.						
	every invoice.						
	2. Content of Invoices: Each invoice						
	shall contain the following information in						
	accordance with 52.212-4 (g), as						
	applicable:						
	(i) Name and address of the Contractor. The name, address and DUNS number on the						
	invoice MUST match the information in both						
	the Contract/Agreement and the information						
	in the SAM;						
	(ii) Dunn and Bradstreet (D&B) DUNS number;						
	(iii) Invoice date and unique invoice number;						
	<pre>(iv) Agreement/Contract number, , if applicable, the order number;</pre>						
	<pre>(v) Contract Line Item Number(s) (CLIN); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);</pre>						
	(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;						
	(vii) Terms of any discount for prompt payment offered;						
	(viii) Remit to Address;						
	(ix) Name, title, and phone number of person to notify in event of an improper invoice;						
	Continued						

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OPTIONAL FORM 348 (Rev. 4/2006)

PAGE NO

5

	SCHEDULE - CONTINUATION	<u>.</u>				5	
PORTANT:	Mark all packages and papers with contract and/or order numbers.			24			
ATE OF ORDI	ER CONTRACT NO.				ORDER NO.		
5/25/20	17 HSCEMD-13-D-00001				HSCETE-17	-J-00166	
TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	10	AMOUNT	QUANTIT
(a)	(b)	ORDERED (c)	(d)	PRICE (e)		(f)	ACCEPTE (g)
0.00	(x) ICE program office designated on			(2). E.		114	
	order/contract/agreement and						
	(xi) Mark invoice as "Interim" (Ongoing						
	performance and additional billing						
	expected) and "Final" (performance complete						
	and no additional billing)						
	(xii) Electronic Funds Transfer (EFT)						
	banking information in accordance with						
	52.232-33 Payment by Electronic Funds						
	Transfer - System for Award Management or						
	52-232-34, Payment by Electronic Funds						
	Transfer - Other than System for Award						
	Management.						
	3. Other than Firm Fixed Price (FFP) Type						
	Contracts: Contract types other than Firmed Fixed Priced (FFP) may require						
	additional information as follows (tailor						
	for your requirement):						
	for your requirement).						
	ALT 1- Time and Material Contracts						
	Materials on T&M Orders must comply with						
	FAR 52.232-7 Payments Under						
	Time-and-Materials and Labor Hour Contracts						
	(Aug 2012).						
	ALT 2 - Cost Contracts						
	a. Cost Plus Award Fee:						
	The contractor may invoice monthly on the						
	basis of cost incurred for the Labor CLIN.						
	The invoice shall include the period of						
	performance covered by the invoice and the						
	CLIN number and name. All hours and cost						
	shall be reported, and shall be provided for the current billing month and in total						
	for project to date. The contractor shall						
	also provide the invoice in spreadsheet						
	form with the following supporting						
	information:						
	• CLIN/Task Total Hours: This will						
	Continued						
		1	1 1		1		1

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PAGE NO

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

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IMPORTANT:	Mark all packages and papers with contract and/or order numbers.			4		₫.	
DATE OF ORDE					ORDER NO		
05/25/20	17 HSCEMD-13-D-00001		-		HSCETE	-17-J-00166	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE		AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)		(f)	(g)
	identify all current and cumulative						
	contractor employees by labor category on						
	the project and their total CLIN/Task hours						
	billed. The listing shall include separate						
	columns and totals for the current invoice						
	period and the project to date.						
	 CLIN/Task Total Costs: This will 						
	identify all current and past contractor						
	employees by labor category, and rate on						
	the project and their total CLIN/task cost						
	billed. The rate for each labor category						
	shall also be shown. The listing shall						
	include separate columns and totals for the						
	current invoice period and the project to						
	date.						
	The contracting officer must unilaterally						
I	modify the contract to fund and allow						
	payment of the earned award fee upon						
	receipt of the Award Fee Determining						
	Official (AFDO) decision. The modification						
I	shall (1) include a copy of the AFDO						
	decision, (2) obligate the earned fee						
	amount, (3) reference the award fee of the						
	contract as authority for payment, and (4)						
	authorize payment of the award fee.						
	The contractor shall be paid the award fee,						
	if any, upon submittal of proper invoice to						
	the Burlington Finance Office together with						
	a copy of the contract modification						
	authorizing payment of the award fee for						
	the applicable award fee period. The						
	contractor's invoice shall indicate the						
	amount of the award fee earned and payable with the applicable award fee CLIN. The						
	contractor's invoice must cite the						
	appropriate accounting data. There will be						
	no provisional, interim, or advance billing						
	of the award fee.				1		
	n an						
	The award fee will be paid with funds						
	current at the time of the AFDO decision.						
	In many cases, that will be in the fiscal						
	year following performance. The award fee Continued						
	concluded						

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\$0.00

PAGE NO

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

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCEMD-13-D-00001 HSCETE-17-J-00166 05/25/2017 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (b) (c) (e) (g) amounts not earned during a given period shall not be available in future periods. Cost Reimbursable CLIN (Other Direct b. Costs) The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form: Item purchased Cost Date expensed Documentation of prior COR approval All cost presentations provided by the Contractor shall also include applicable indirect cost. c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form: d. Project Total Travel: This will identify all current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum: Date Expensed Authorized Travel Event Number Days of Travel Documentation of COR approval prior to travel Continued ... \$0.00

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PAGE NO

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

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and the second second second second	Mark all packages and papers with contract and/or order numbers.						
DATE OF ORD					ORDER N		
05/25/20	HSCEMD-13-D-00001				HSCET	E-17-J-00166	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT			AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)		(f)	ACCEPTED (g)
(123.5	
	Travel shall be in accordance with the						
	Federal Travel Regulations (FTR). The						
	contractor shall be reimbursed for actual,						
	allowable, and reasonable cost, not to						
	exceed the amount shown in the schedule.						
	Profit shall not be applied to travel						
	costs. Contractors may apply indirect costs						
	to travel in accordance with the						
	contractors usual accounting practices						
	consistent with FAR 31.2.						
	In order to ensure that an accurate invoice						
	is submitted, the Contractor shall coordinate the invoice with the COR before						
	sending the invoice to Financial Operations						
	Burlington.		ç				
	barring con.						
	4. Invoice Inquiries: Questions regarding						
	invoice submission or payment, please						
	contact ICE Financial Operations at						
	1-877-491-6521 or by e-mail at						
	OCFO.CustomerService@ice.dhs.gov						
	The obligated amount of award: (b)(4)						
	The total for this award is shown in box						
	17(i).						
			<				

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S		ONTRACT/ORDEF			10.000	DUISITION NU		1610	PAGE OF	11
2. CONTRACT NO	PROCESS LONDON STREET	TO COMPLETE BLO	CKS 12, 17, 23, 24, 3. AWARD/	4. ORDER NUMBER	192	110/20	0000.	5. SOLICITATION NUMBE	1 ER	6. SOLICITATION
			EFFECTIVE DATE	HSCEMD-16-E						ISSUE DATE
	RMATION CALL:	a. NAME (b)(6);(b)(7)	(C)		1.1.5	14-905	-		8. OFFER D	UE DATE/LOCAL TIME
Immigrat Office o 7701 N. Dallas T. I. DELIVERY FO TION UNLESS MARKED SEE SCH IS. DELIVER TO Investig Immigrat 40 NE Lo Attn: (b)(6	ion and Cus of Acquisiti Stemmons Fr X 75247 OR FOB DESTINA- IS BLOCK IS HEDULE ation - SAC ion and Cus op 410	CODE C San Antoni stoms Enforc	llas cement ent (b)(7)(C) et 30 ICE/HSI/S	CE/IOSD AC SAN ANTO	DPAS 16. ADMINISTER Investi Immigra Office	SINESS SMALL DISABLED DWNED SINESS CONTRACT IS D ORDER UN (15 CFR 700) RED BY gation tion a of Acq Stemm >	wo (wc sma edv 8(A sa ber s Op: uisit ons 1) 13b. RATING 14. METHOD OF SOL	EWOMEN-OWNER N SI COTATION DIFB CODE Llas cement ent	% FOR: ED MAICS: (b)(4) ZE STANDARD: (b)(4) RFP CE / IOSD
TTN <mark>(b)(6);</mark> CAMPUS	L TE USA CORF (b)(7)(C) DRIVE STE NY NJ 07054	210 4413	CODE		P.O. Bo	ton Fi x 1620 CE-HSI	-SAC·	e Center -San Antonio 5-1620		CE-HSI-SAC-SAN
TELEPHONE NO.	6 (27)/3)/26/82/36	3855 <mark>(b)(6);(b)(7)(</mark> RENT AND PUT SUCH A						SHOWN IN BLOCK 18a UN	LESS BLOCK BE	ELOW
19. ITEM NO.		SCHEDUL	20. E OF SUPPLIES/SERV	/ICES	IS CHECK	21. QUANTITY	22. UNIT	23. UNIT PRICE		24. AMOUNT
	(b)(6);(b)(7)(C) Alt Program (b)(6):(b)(7)(C) Contractine (b)(6);(b)(7)(C) Exempt Act Delivery: Accounting Continued	C: (b)(6);(b)(7)(C m POC: (b)(6);(t g POC: (b)(6);(t ion: N 90 Days Afte Info:	<pre>>) , 210-3 >)(7)(C) , >)(7)(C) , 21 er Award</pre>	21-(b)(6);(b)(7)(C) 210-321-(b)(6) 4-905-(b)(6);(b)(as Necessary)	;(b)(7)(C)					
25. ACCOUNTIN See scheo	NG AND APPROPRIA dule	TION DATA						26. TOTAL AWARD AMC (b)(4)	DUNT (For Gov	t. Use Only)
71				12-4. FAR 52.212-3 A FAR 52.212-4. FAR 52.			IED. A ADDEN	DDENDA DA		ARE NOT ATTACHED.
COPIES TO I ALL ITEMS S SHEETS SUE	ISSUING OFFICE. C SET FORTH OR OTH	TO SIGN THIS DOCL ONTRACTOR AGREE ERWISE IDENTIFIED MS AND CONDITIONS CTOR	ES TO FURNISH AN ABOVE AND ON AN	D DELIVER		IEREIN, IS	ANY ADE ACCEPTI		WHICH ARE S	OFFER ITATION (BLOCK 5), SET FORTH
30b. NAME AND	D TITLE OF SIGNER	(Type or print)	30c.	DATE SIGNED	31b. NAME ((b)(6);(b)(7		ACTING	OFFICER (Type or print)		31c. DATE SIGNED
	OR LOCAL REPROD TION IS NOT USABLI epic.org		EPIC-17-06-	13-ICE-FOIA-2018 2018-ICLI-0	0803-1stInt	erim-Proc	luction-	Prescrib	ed by GSA - FA	9 (REV. 2/2012) AR (48 CFR) 53.212 000116

19. ITEM NO.		20. SCHEDULE OF SUPPLIE	S/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	(b)(7)(E)								
	(b)(4)								
0001	(b)(4)					(D)(4)		
		amount of award: for this award is		. The in box 26					
RECEIV	Y IN COLUMN 21 HAS		D AND CON	FORMS TO THE CO	ONTRACT F	XCEPT AS	NOTEI	Ū.	
		GOVERNMENT REPRESENTATIV		32c. DATE	1				D GOVERNMENT REPRESENTATIVE
32e. MAILING /	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESE	NTATIVE		32f. TELE	PHONE NU	MBER	OF AUTHORIZED GC	VERNMENT REPRESENTATIVE
					32g. E-MA	IL OF AUTH	HORIZI	ED GOVERNMENT RE	EPRESENTATIVE
33. SHIP NUM	BER	34. VOUCHER NUMBER	1.5 C 1. C 1. C 2. C 1. C 2.	T VERIFIED	36. PAYM	ENT			37. CHECK NUMBER
PARTIAL	FINAL	-	CORRECT	FUR		IPLETE		PARTIAL FIN	IAL
38. S/R ACCO	and the second s	39. S/R VOUCHER NUMBER	40. PAID B	Y	1				
41a. I CERTIF	Y THIS ACCOUNT IS (CORRECT AND PROPER FOR PAY	MENT		42a. RE	ECEIVED B	Y (Print	0	
41b. SIGNATU	RE AND TITLE OF CE	RTIFYING OFFICER	410	DATE	42b. RI	ECEIVED A	Г (Loca	tion)	
					42c. DA	TE REC'D (YY/MI	1/DD) 42d. 1	TOTAL CONTAINERS
<u>22.</u>	epic.org	EPIC-1	7-06-13-I0	CE-FOIA-201808 2018-ICLI-00	303-1stInt	erim-Prod 17	luctio	n-pt2	STANDARD FORM 1449 (REV. 2/2012) BACI 000117

		OR	RDER FOR S	UPPLIES OR SE	RVICES				PAGE	OF PAGES
IMPORTANT	T: Mark al	I packages and papers with	contract and/or	order numbers.					1	8
1. DATE OF O	RDER	2 CONTRACT NO. (If any) GS-07E-355AA						6. SHIP TO		
07/27/2	016	00 011 000111			a, NAME	OFC	ONSIGNEE			
3 ORDER NO		0037		VREFERENCE NO	ICE I	HMLN	D SEC INV HQ	DIV 4		
			19611041	21000017	b. STRE	ETAD	20566			
		N TECHNOLOGY DIV	VISION				ION AND CUST	OMS ENFORC	CEMENT	
IMMIGRA	TION A	ND CUSTOMS ENFOR	RCEMENT				NDOM HILLS R	OAD		
	-	UISITION MANAGEN	MENT		(b)(6);(b)(/)((-)			
WASHING		NW (b)(6);(b)(7)(C)			c CITY				d. STATE	e ZIP CODE
WASHING	TON DC	20530			FAIR	FAX			VA	22030
7. TO: (b)(6));(b)(7)(C))			f. SHIP V	ЛA				
a NAME OF C						_	8 77	YPE OF ORDER		
b. COMPANY	NAME				- 0	JRCHA			X b. DELIVERY	
c STREET AD	DRESS				REFERE	********			D DELIVERY	
2001 JE	FFERSO	N DAVIS HWY			Quote					nstructions on the
SUITE 8	01								reverse, this delive subject to instruct	
					Plance fr	mich ti	ne following on the terms		this side only of th	is form and is
					and cond	titions s	pecified on both sides of		issued subject to t conditions of the a	
d CITY ARLINGTO	DN		e STAT VA	E f. ZIP CODE 22202	the second se		n the attached sheet, if elivery as indicated		contract.	
		PROPRIATION DATA	VA VA	22202	10 REOL	IISITIO	NING OFFICE			
See Sche							D SEC INV HQ	DIV 4		
11. BUSINESS		CATION (Check appropriate bo b. OTHER THAN SMALL				-	-		12. F.O.B. POI	NT
			C. DISADV		WOMEN-OWNE	U	e. HUBZone		Destinat	ion
	CE-DISABLE RAN-OWNER				h. EDWOSB					
	and the second second	13. PLACE OF		14. GOVERNMENT B	I/L NO.	-	15. DELIVER TO F.O.B		16 DISCOUR	NT TERMS
a. INSPECTION	N	b. ACCEPTANCE					ON OR BEFORE (Da 09/01/2016	te)		
Destinat	tion	Destinati	on							Net 30
				17. SCHEDULE	(See reverse for	Reject	tions)			
ITEM NO.		5 71 F (3) (3 + F (5 + 7 + 7 + 7 + 7 + 7 + 7 + 7 + 7 + 7 +	RSERVICES		ORDERED		UNIT	AMOL		QUANTITY
(a)	DUNS 1	(t Number: 8313017			(c)	14/	(e)	(f)		(g)
	(b)(4)									
	Contin	nued								
		PING POINT		19. GROSS SHIPPIN	IC WEIGHT	-	20. INVOICE NO.			(17(h)
	10 Shirt			15. GROSS SHIFFIN	IO WEIGHT		20 INVOICE NO			TOTAL
						_				(Cont. pages)
				21. MAIL INVOICE TO:				153743	_	
	a. NAME	DHS	ICE					(b)(4)		
SEE BILLING	b. STREE			NANCE CENTE	R			_		
ON REVERSE	(or P.O. E	lovi	30X 1620	Children Children						17(i)
		ATTN	N ICE-HSI-	HQ-DIV 4						GRAND
								(b)(4)		
	c. CITY	11.1.00001			d. STA		e. ZIP CODE			
	<u>t</u>	LLISTON			VT		05495-1620	1		
22. UNITED :	STATES OF A BY (Sign	01010	(b)(7)(C)				23. NAME (Typed) (b)(6);(b)(7)(C)			
AMERIC	an laigh						TITLE CONTRACTING	ORDERING OFFI	CER	
AUTHORIZED FC					-					RM 347 (Rev. 2/2012)
PREVIOUS EDITI	ION NOT US	ABLE							Prescribed by GSA	VFAR 46 CFR 53 213(f)

			Contractor wishes to sut				
totals. Prepaid	d shipping (costs will be indicated	umber(s), description of su as a separate item on the	invoice. Whe	vice, sizes, quan ere shipping cost	s exceed \$10 (except for	parcel
post), the billing	ng must be	supported by a bill of ed periodic billings are	lading or receipt. When se	everal orders	are invoiced to a	in ordering activity during	the same
				EIVING REPOR	RT		
			the face of this order has ve been rejected for the r		inspect	ted, accepted,	received by me
SHIPMENT	PARTIAL		DATE RECEIVED			ED U.S. GOV'T REP.	DATE
NUMBER	FINAL		DATENEOUTED	0.0111			10777740
TOTAL CONTAIN	ERS	GROSS WEIGHT	RECEIVED AT	TITLE			
			REPORT	OF REJECTION	NS		
ITEM NO.		SUPPLIES OR SERVIC	ES	UNIT	QUANTITY REJECTED	REASON FC	OR REJECTION
				_			
				_			
				_			
				_			

OPTIONAL FORM 347 (Rev. 2/2012) (BACK)

SUPPLEMENTAL INVOICING INFORMATION

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided

the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of \$_____

____. No

PAGE NO

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	T: Mark all packages and papers with contract and/or order numbers.					
DATE OF OR	DER CONTRACT NO. 016 GS-07F-355AA			ORDER	NO FE-16-F-00037	
ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT		AMOUNT	QUANTITY
(a)	(b)	(C)	(d)	(e)	(f)	(g)
	CONDITIONS ARE APPLICABLE. THIS IS A FIRM FIXED PRICE ORDER. NAICS: (D)(4) PSC: (D)(4) THE CONTRACTOR SHALL NOTIFY THE GOVERNMENT 30 DAYS PRIOR TO THE EXPIRATION OF ANY SOFTWARE LICENSING/MAINTENANCE AGREEMENT. THE GOVERNMENT WILL NOT BE OBLIGATED TO PAY THE CONTRACTOR ANY AMOUNT IN EXCESS OF THE FIXED-PRICE AMOUNT COVERING THE EFFECTIVE PERIOD OF PERFORMANCE IN THE ORDER, AND THE CONTRACTOR SHALL NOT CONTINUE PERFORMANCE UNLESS AND UNTIL THE CONTRACTING OFFICER NOTIFIES THE CONTRACTOR VERBALLY OR BY					
	WRITTEN MODIFICATION THAT A NEW PERIOD OF PERFORMANCE HAS BEEN ESTABLISHED AND APPROVED. LIMITATION OF AUTHORITY No person in the Government, other than a Contracting Officer, has the authority to provide direction to the Contractor, which					
	alters the Contractor's obligations or changes this contract in any way. If any person representing the Government, other than a Contracting Officer, attempts to alter contract obligations, change the contract specifications/statement of work or tells the contractor to perform some effort which the Contractor believes to be outside the scope of this contract, the Contractor shall immediately notify the Procuring Contracting Officer (PCO). Contractor personnel shall not comply with any order or direction which they believe to be outside the scope of this contract unless the order or direction is issued by					
	a Contracting Officer.					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17/H))				\$0.00	

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OPTIONAL FORM 348 (Rev. 4/2006)

PAGE NO

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DATE OF ORDI					ORDER NO.			
7/27/20	16 GS-07F-355AA				HSCETE-1	6-F-0003	7	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT		AMOUNT		QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)		(f)	1	ACCEPTED (g)
	If the Contractor makes any changes without							
	the authorization of the Contracting							
	Officer, by modifying this order to include							
	increasing devices or services, the							
	Contractor is performing at its own risk.				1			
	A funded G-514 is required before any goods							
	or services are provided by the Contractor							
	and no one is authorized to make any							
	changes to this order that will increase							
	the obligated amount, other than the							
	Contracting Officer. Any Government							
	individual other than Contracting Officer							
	who directs the Contractor to change this							
	order by increasing of quantities is							
	committing an unauthorized commitment and							
	shall complete the ratification process to resolve that matter.							
1	resolve that matter.							
	Exempt Action: N							
	Accounting Info:							
	b)(7)(E)							
ſ	~/, //=/							
	Period of Performance:(b)(4)							
	b)(4)							
001	b)(4)	(b)(4)					
1	SHIP TO:							
I	DHS/ICE/HSI CYBER CRIMES CENTER							
1	11320 RANDOM HILLS RD., (b)(6);(b)(7)(C)							
	FAIRFAX, VA 22030							
()	b)(4);(b)(6);(b)(7)(C)							
	TOTTON 500 COURT TANGE							
	SECTION 508 COMPLIANCE							
	9 U.S.C. SECTION 508 OF THE REHABILITATION							
	CT (29 U.S.C. 794D), AS AMENDED BY THE							
	NORKFORCE INVESTMENT ACT OF 1998 (P.L.							
C	Continued							
					(b)(4			

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) AUTHORIZED FOR LOCAL REPODUCTION PREVIOUS EDITION NOT USABLE

PAGE NO

5

DATE OF ORD	Mark all packages and papers with contract and/or order numbers. CONTRACT NO. GS-07F-355AA				ORDER NO. HSCETE-1	6-F-00037	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	1	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)		(f)	ACCEPTED (g)
	105-220), AUGUST 7, 1998, REQUIRES THAT	1-7	1-7	(-)		X.C.	107
	WHEN FEDERAL AGENCIES DEVELOP, PROCURE,						
	MAINTAIN, OR USE ELECTRONIC AND INFORMATION						
	TECHNOLOGY (EIT), THEY MUST ENSURE THAT IT						5
	IS ACCESSIBLE TO PEOPLE WITH DISABILITIES.						
	FEDERAL EMPLOYEES AND MEMBERS OF THE PUBLIC WHO HAVE DISABILITIES MUST HAVE ACCESS TO						
	AND USE OF INFORMATION AND SERVICES THAT IS						
	COMPARABLE TO THE ACCESS AND USE AVAILABLE						
	TO NON-DISABLED FEDERAL EMPLOYEES AND						
	MEMBERS OF THE PUBLIC. ALL EIT WILL COMPLY						
	WITH THE APPLICABLE TECHNICAL AND						
	FUNCTIONAL PERFORMANCE CRITERIA OF SECTION 508, UNLESS EXEMPT.						
	ever sumper manual.						
	FAR 52,223-16 IEEE 1680 STANDARD FOR THE						1
	ENVIRONMENTAL ASSESSMENT OF PERSONAL						
	COMPUTER PRODUCTS IS HEREBY INCORPORATED BY REFERENCE.						
	Included by reference IAW FAR 52.222-50,						
	Combating Trafficking in Persons (FEB						
	2009); FAR 52.232-39 Unenforceability of						
	Unauthorized Obligations (JUN 2013)						
	ADVANCE PAYMENTS ARE NOT AUTHORIZED.						
	CONTRACTOR SHALL SUBMIT INVOICE MONTHLY OR						
	QUARTERLY IN ARREARS.						
	INVOICE PAYMENT INSTRUCTIONS						
	Please use these procedures when you submit						
	an invoice for all acquisitions emanating from ICE/OAQ.						
1	TOW TOPYOND.						
	1. Invoices shall now be submitted via one						
	of the following three methods:						
	Du maile des plact of						
·	a. By mail: See Block 21.						
1	b. By facsimile (fax) at: 802-288-7658						
	(include a cover sheet with point of						
C	contact & # of pages)						
	Continued						
ſ		1					
			_				

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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

PAGE NO

/27/20	016 GS-07F-355AA	ORDE HSCI	HSCETE-16-F-00037				
TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	
	c. By e-mail at:						
	Invoice.Consolidation@dhs.gov						
	Invoices submitted by other than these three methods will be returned. Contractor						
	Taxpayer Identification Number (TIN) must						
	be registered in the Central Contractor						
	Registration (http://www.ccr.gov) prior to						
	award and shall be notated on every invoice						
	submitted to ICE/OAQ on or after 01 March						
	2008 to ensure prompt payment provisions						
	are met. The ICE program office identified					1	
	in the delivery order/contract shall also						
	be notated on every invoice. Please send an						
1	additional copy of the invoice to						
	ICEOCIOITSRACQ@DHS.GOV.						
	2. In accordance with Section I, Contract						
	Clauses, FAR 52.212-4 (g)(1), Contract Terms and Conditions, Commercial Items, the						
	information required with each invoice						
	submission is as follows:						
2	An invoice must include:						
	 Name and address of the Contractor; 						
	(ii) Invoice date and number;	-					
	(iii) Contract number, contract line item						
	number and, if applicable, the order						
	number;						
	(iv) Description, quantity, unit of						
	<pre>neasure, unit price and extended price of the items delivered;</pre>						
	(v) Shipping number and date of shipment,					1 I I I I I I I I I I I I I I I I I I I	
	including the bill of lading number and						
	weight of shipment if shipped on Government						
	pill of lading;						
	(vi) Terms of any discount for prompt						
1	payment offered;						
	(vii) Name and address of official to whom						
-	payment is to be sent;						
	(viii) Name, title, and phone number of						
	person to notify in event of defective						
	Invoice; and	1					
	(ix) Taxpayer Identification Number (TIN).						
	The Contractor shall include its TIN on the						
	invoice only if required elsewhere in this Continued						
	VIIGAILANG III						
	DTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	>			\$0.00		

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

PAGE NO

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CONTRACT NO DATE OF ORDER ORDER NO GS-07F-355AA HSCETE-16-F-00037 07/27/2016 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (6) (d) (f) (c) (e) (a) contract. (See paragraph 1 above.) (x) Electronic funds transfer (EFT) banking information. (A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract. (B) If EFT banking information is not required to be on the invoice, in order for the invoice to be a proper invoice, the Contractor shall have submitted correct EFT banking information in accordance with 52.232-33, Payment by Electronic Funds Transfer; Central Contractor Registration. (C) EFT banking information is not required if the Government waived the requirement to pay by EFT. DHS / ICE Financial Operations - Burlington Customer Service Inquiry Center @ 1-877-491-6521 Monday through Friday 8:00 AM -5:30 PM EST or at e-mail address OCFO.CustomerService@ice.dhs.gov. Invoices without the above information may be returned for resubmission. 3. All other terms and conditions remain the same. Receiving Officer/COTR: Each Program Office is responsible for acceptance and receipt of goods and/or services. Upon receipt of goods/services, complete the applicable FFMS reports or DFC will not process the payment. For questions regarding this order: Contract Officer: (b)(6);(b)(7)(C) 202-732-(b)(6);(b)(7)(C) Receiving Officer: (b)(6);(b)(7)(C) 703-293-(b)(6);(b)(7)(C) Technical POC: (b)(6);(b)(7)(C) 703-293-(b)(6);(b)(7)(C) Vendor POC: (b)(6);(b)(7)(C) 703-750 (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Continued ...

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers.									
DATE OF OR	DER	GS-07F-355AA				ORDER NO	ORDER NO HSCETE-16-F-00037		
ITEM NO				QUANTITY UNIT UNIT				QUANTITY	
(a)		(b)	ORDERED (c)	(d)	PRICE (e)		(f)	ACCEPTED	
(a)	+	(5)	(0)	(0)	(6)		(0)	(g)	
	obl	total amount of award: (b)(4) The igation for this award is shown in box i).							
1	TOTAL	CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	>			\$0.00			

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1