

ACCEPTANCE OF CUSTOMER ORDER

1. TO (Requiring Activity Address) (Include ZIP Code) DENALI COMMISSION 510 L STREET SUITE 401 ANCHORAGE AK 99501 ATTN:		2. CUSTOMER ORDER NO. DENALICOM33307	3. AMEND NO. 1	4. REV. MAN	
		5. DATE (Signature Date) 20-DEC-2007	6. AMOUNT 150,000.00-		
7. The CUSTOMER ORDER identified above is accepted and the items requested will be provided as follows: (Check as Applicable)					
a. <input type="checkbox"/> ALL ITEMS WILL BE PROVIDED THROUGH REIMBURSEMENT (Category I)					
<input type="checkbox"/> AUTOMATIC REIMBURSEMENT TFO		<input type="checkbox"/> FUNDED REIMBURSEMENT TFO		ACCEPTED AS _____	
<input type="checkbox"/> AUTOMATIC REIMBURSEMENT NON-TFO		<input checked="" type="checkbox"/> FUNDED REIMBURSEMENT NON-TFO		ECONOMY ACT ORDER	
<input type="checkbox"/> AUTOMATIC REIMBURSEMENT IFAC		<input type="checkbox"/> FUNDED REIMBURSEMENT IFAC		SENT ELECTRONICALLY? N	
b. <input type="checkbox"/> ALL ITEMS WILL BE PROCURED BY THE DIRECT CITATION OF FUNDS (CATEGORY II)					
<input type="checkbox"/> DIRECT FUND CITE TFO					
<input type="checkbox"/> DIRECT FUND CITE NON-TFO					
c. <input type="checkbox"/> ITEMS WILL BE PROVIDED BY BOTH CATEGORY I AND CATEGORY II AS INDICATED BELOW					
d. <input type="checkbox"/> THIS ACCEPTANCE, FOR CATEGORY I ITEMS, IS QUALIFIED BECAUSE OF ANTICIPATED CONTINGENCIES AS TO FINAL PRICE. CHANGES IN THIS ACCEPTANCE FIGURE WILL BE FURNISHED PERIODICALLY UPON DETERMINATION OF DEFINITIZED PRICES, BUT PRIOR TO SUBMISSION OF BILLINGS.					
8. <input type="checkbox"/> CUSTOMER ORDER NUMBERS(S) IDENTIFIED IN BLOCK 13, (REMARKS) IS NOT ACCEPTED (IS REJECTED) FOR THE REASONS INDICATED.					
9. TO BE PROVIDED THROUGH REIMBURSEMENT CATEGORY I			10. TO BE PROCURED BY DIRECT CITATION OF FUNDS CATEGORY II		
ITEM NO. a.	QUANTITY b.	ESTIMATED PRICE c.	ITEM NO. a.	QUANTITY b.	ESTIMATED PRICE c.
01		150,000.00-			
d. TOTAL ESTIMATED PRICE		150,000.00-	d. TOTAL ESTIMATED PRICE		
11. ANTICIPATED DATE OF OBLIGATION FOR CATEGORY II ITEMS			12. GRAND TOTAL ESTIMATED PRICE OF ALL ITEMS		
13. FUNDS DATA (Check if Applicable)					
a. <input type="checkbox"/> ADDITIONAL FUNDS IN THE AMOUNT OF		ARE REQUIRED (See Justification in block 13)			
b. <input type="checkbox"/> FUNDS IN THE AMOUNT OF		ARE NOT REQUIRED AND MAY BE WITHDRAWN			
14. REMARKS					
RA TECHNICAL POC: PA TECHNICAL POC: JULIE L ANDERSON 907-753-5685 FINANCING APPROPRIATION: 96 NA X		RA FINANCIAL POC: PA FINANCIAL POC: GEORGE G CULPEPPER 907-753-2772 08 2431 96951			
15. ACCEPTING ACTIVITY (Complete Address) ALASKA DISTRICT P.O. BOX 6898 ELMENDORF AFB, AK 99506-6898			16. TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL VON CHRISTLEY PROGRAM ANALYST		
			17. ELECTRONICALLY SIGNED BY VON CHRISTLEY	18. DATE 20-DEC-2007	