



HAFB 03

Done  
8-12-05

**New Mexico  
Environment Department  
Hazardous Waste Bureau**

Holloman Air Force Base  
49 CES/CEV  
550 Tabosa Ave.  
Holloman Air Force Base, NM  
Attn: Howard Moffitt

08/20/2003

Invoice # - HWB-HAFB-03-003

DRAFT REPORT FOR THE REMEDIAL INVESTIGATION OF DE-63

| Quantity | Item                  | Item Cost              | Total Cost        |
|----------|-----------------------|------------------------|-------------------|
| 1        | RFI Report - 1st Unit | \$7,100.00             | \$7,100.00        |
|          |                       | <b>Total Fees</b>      | \$7,100.00        |
|          |                       | <b>Adjustment</b>      | \$0.00            |
|          |                       | <b>Pay This Amount</b> | <b>\$7,100.00</b> |

~~\$7,100.00~~

**Make Checks Payable to: NMED/HWB**

**Mail Checks and Invoice to:**

**New Mexico Environment Department, HWB  
Attn: Cindy Abeyta  
P.O. Box 26110  
Santa Fe, NM 87502**

State of New Mexico Use Only:

Date Received: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Amount Received: \_\_\_\_\_



|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b><br>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30   |  |  |  | 1. REQUIRED ACTION NUMBER<br>F7SPCE324603  |  | PAGE 1 OF 3  |  |
| 2. CONTRACT NO.<br>F29651-03/P-0199  |  | 3. AWARD/EFFECTIVE DATE<br>08-Sep-2003 |  | 4. ORDER NUMBER  |  | 5. SOLICITATION NUMBER   |  |
| 7. FOR SOLICITATION INFORMATION CALL   |  |  |  | a. NAME  |  | b. TELEPHONE NUMBER (No Collect Calls)   |  |
| 9. ISSUED BY<br>49TH CONTRACTING SQUADRON - FA4801<br>ATTN: ALLAN EMERSON<br>1210 FORTY NINER AVE.<br>BLDG 811<br>HOLLOMAN AFB NM 88330-7908<br><br>TEL: 505-572-5290<br>FAX: 505-527-2107   |  | CODE<br>FA4801                         |  | 10. THIS ACQUISITION IS<br><input checked="" type="checkbox"/> UNRESTRICTED<br><input type="checkbox"/> SET ASIDE: %FOR<br><input type="checkbox"/> SMALL BUSINESS<br><input type="checkbox"/> SMALL DISADV. BUSINESS<br><input type="checkbox"/> 8(A)<br><br>SIC:<br>SIZE STANDARD: |  | 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED<br><input type="checkbox"/> SEE SCHEDULE<br><br>13 a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)<br><br>13 b. RATING<br><br>14. METHOD OF SOLICITATION<br><input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP |  |
| 15. DELIVER TO<br>49 CE - F7SPCE<br>FRED ROUSE / CE RESOURCE ADVISOR<br>550 TABOSA STREET<br>BLDG 770<br>HOLLOMAN AFB NM 88330   |  | CODE<br>F7SPCE                         |  | 16. ADMINISTERED BY<br><br><b>SEE ITEM 9</b>   |  |  |  |
| 17 a. CONTRACTOR/ OFFEROR<br>NEW MEXICO ENVIRONMENT DEPARTMENT/HWB<br>CINDY ABEYTA<br>1190 ST. FRANCIS DRIVE PO BOX 26110<br>SANTA FE NM 87502-6110<br><br>TEL.  |  | CODE<br>1JDR3<br>FACILITY CODE         |  | 18 a. PAYMENT WILL BE MADE BY<br>DFAS - LIMESTONE OPLOC - F67700<br>27 ARKANSAS ROAD<br>LIMESTONE ME 04751-1500  |  |  |  |
| <input type="checkbox"/> 17 b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER  |  |  |  | 18 b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18 a. UNLESS BLOCK BELOW IS CHECKED <input checked="" type="checkbox"/> SEE ADDENDUM   |  |  |  |
| 19. ITEM NO.   |  | 20. SCHEDULE OF SUPPLIES/ SERVICES     |  | 21 QUANTITY  |  | 22. UNIT   |  |
|  |  | <b>SEE SCHEDULE</b>                    |  |  |  | 23. UNIT PRICE   |  |
|  |  |  |  |  |  | 24. AMOUNT   |  |
| ACCOUNTING AND APPROPRIATION DATA<br>See Schedule  |  |  |  |  |  | 26. TOTAL AWARD AMOUNT<br>\$7,100.00   |  |
| 27 a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED.   |  |  |  |  |  | ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED   |  |
| 27 b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED.  |  |  |  |  |  | ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED   |  |
| 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN TO ISSUING/OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN. |  |  |  | 29. AWARD OF CONTRACT: REFERENCE<br><input type="checkbox"/> OFFER DATED<br><input type="checkbox"/> YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:   |  |  |  |
| 30 a. SIGNATURE OF OFFEROR/CONTRACTOR  |  |  |  | 31 a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)<br><i>Kathleen Pinnock</i>   |  |  |  |
| 30 b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)   |  | 30 c. DATE SIGNED                      |  | 31 b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)<br>Kathleen Pinnock / Contract Specialist Officer  |  | 31 c. DATE SIGNED<br>09-Sep-2003   |  |
| 32 a. QUANTITY IN COLUMN 21 HAS BEEN<br><input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED  |  |  |  | 33. SHIP NUMBER<br><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL   |  | 34. VOUCHER NUMBER   |  |
| 32 b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE   |  |  |  | 32 c. DATE   |  | 35. AMOUNT VERIFIED CORRECT FOR  |  |
| 41 a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT   |  |  |  | 36. PAYMENT<br><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL   |  |  |  |
| 41 b. SIGNATURE AND TITLE OF CERTIFYING OFFICER  |  | 41 c. DATE                             |  | 37. CHECK NUMBER   |  | 38. S/R ACCOUNT NUMBER   |  |
|  |  |  |  | 39. S/R VOUCHER NUMBER   |  | 40. PAID BY  |  |
|  |  |  |  | 42a. RECEIVED BY (Print)   |  |  |  |
|  |  |  |  | 42b. RECEIVED AT (Location)  |  |  |  |
|  |  |  |  | 42c. DATE REC'D (YY/MM/DD)   |  | 42d. TOTAL CONTAINERS  |  |



SECTION SF 1449 CONTINUATION SHEET

| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT | UNIT PRICE | AMOUNT     |
|---------|---|----------|------|------------|------------|
| 0001    | KWRD824519 - NMED Document Review Fee. This FFP - KWRD824519 - NMED Document Review Fee. This fee is assessed by the New Mexico Environment Department under NMAC 20.4.2.201.1 for review of documents.<br>Under this Act, payment shall be made within 60 days of receipt of invoice 26 Aug 03.<br>HAFB has a deadline of 24 Oct 03 for payment.<br>NSN F999-EN-VIR-ONME<br>MILSTRIP F7SPCE32460300<br>PURCHASE REQUEST NUMBER F7SPCE324603<br>SIGNAL CODE A | 1.00     | Each | \$7,100.00 | \$7,100.00 |

NET AMT \$7,100.00

ACRN AA Funded Amount \$7,100.00

DELIVERY INFORMATION

| CLINS | DELIVERY DATE | UNIT OF ISSUE | QUANTITY | FOB   | SHIP TO ADDRESS   |
|-------|---------------|---------------|----------|-------|---|
| 0001  | 02-OCT-03     | Each          | 1.00     | Dest. | F7SPCE<br>49 CE - F7SPCE<br>FRED ROUSE / CE RESOURCE<br>ADVISOR<br>550 TABOSA STREET<br>BLDG 770<br>HOLLOMAN AFB NM 88330 |

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

| CLIN | INSPECT AT  | INSPECT BY | ACCEPT AT   | ACCEPT BY  |
|------|-------------|------------|-------------|------------|
| 0001 | Destination | Government | Destination | Government |

ACCOUNTING AND APPROPRIATION DATA

AA: 5733400 303 7829 4H4418 010000 53410 27456F 667100 F67100 WO:A53478 000000000000  
 AMOUNT: \$7,100.00

IAW FAR 32-1103(h), Clause 52.232-33, Mandatory Information for Electronic Funds Transfer Payment, will not be included in this purchase order.

The government shall make payment of this fee by check to the New Mexico Environmental Department: Make check payable to NMED/HWB

ADVANCE PAY AUTHORIZED, Net 10 Days.

Send to address in block 17a.

If possible, include the following invoice information with the check: HWB-HAFB-03-003

IAW FAR Part 32.403(b) advanced payment is authorized.

Under this Act, payment shall be made within 60 days of receipt of invoice 26 Aug 03.

HAFB has a deadline of 24 Oct 03 for payment

Note: the State of New Mexico does not invoice