


| TASK ORDER / MODIFICATION OF TASK ORDER FOR ARCHITECT AND ENGINEERING SERVICES      |  | 1. DATE OF ORDER   | PAGE                         | OF PAGES       |                      |
|---|--|--|------------------------------|----------------|----------------------|
| 2. CONTRACT NUMBER  | 3. TASK ORDER NUMBER                     | 4A. REQUISITION NUMBER   | 4B. PO NUMBER                |                |                      |
| 5. TO: CONTRACTOR (Name, address, and zip code)                                     |  | 6. TYPE OF ACTION  |                              |                |                      |
|   |  | A. TASK ORDER FOR A/E SERVICES   |                              |                |                      |
|   |  | This task order is issued subject to the terms and conditions of the above referenced contract.                            |                              |                |                      |
|   |  | B. MODIFICATION OF TASK ORDER NO.  | AUTHORITY                    |                |                      |
|   |  | Except as provided herein, all terms and conditions of the original order, as heretobefore mentioned, remaining unchanged. |                              |                |                      |
| 7A. Data Universal Numbering System (DUNS) Number                                   | 7B. Taxpayer Identification Number (TIN) | 8B. START DATE:  |                              |                |                      |
|   |  | 8C. COMPLETION DATE  |                              |                |                      |
| 8A. BUSINESS CLASSIFICATION (IF APPLICABLE)   |  | a. Small Business Enterprise   |                              |                |                      |
| b. Certified Business Enterprise  |  | c. Disadvantaged Business Enterprise   |                              |                |                      |
| 9. ISSUING OFFICE (Address and zip code)  |  | 10. REMITTANCE ADDRESS   | 11. CATEGORY OF A/E SERVICES |                |                      |
|   |  |  | 11.a Category Letter:        |                |                      |
|   |  |  | 11.b Category Description:   |                |                      |
| 12. PLACE OF INSPECTION AND ACCEPTANCE  |  | 13. REQUISITION OFFICE (Name, Symbol, and Telephone No.)   |                              |                |                      |
| 14. SCHEDULE  |  |  |                              |                |                      |
| ITEM NO. (A)  | DESCRIPTION (B)                          | QUANTITY ORDERED (C)   | UNIT OF MEASURE (D)          | UNIT PRICE (E) | LINE ITEM AMOUNT (F) |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
|   |  |  |                              |                |                      |
| 15. RECEIVING OFFICE (Name, Symbol, Telephone Number)                               |  | TOTAL COST   |                              |                |                      |
| 16. MAIL INVOICE TO: (Electronic Invoice Preferred)                                 |  | 17A. FOR INQUIRIES REGARDING PAYMENT CONTACT:  |                              |                |                      |
|   |  | 17B. TELEPHONE NUMBER  |                              |                |                      |
| 18A. NAME AND TITLE OF OFFEROR/CONTRACTOR   |  | 19A. DISTRICT OF COLUMBIA (NAME CONTRACTING OFFICER)   |                              |                |                      |
| Mark A. Colgan, Vice-President  |  |  |                              |                |                      |
| 18B. SIGNATURE  | 18C. DATE                                | 19B. SIGNATURE   |                              | 19C. DATE      |                      |
|  | 08/03/2020                               |  |                              |                |                      |

