

SAMPLE TASK ORDER FOR SUPPLIES OR SERVICES

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

1. Date or Order 07/28/2020	2. Contract No. (if any) 24361820D0002	6. Ship to:		
3. Order No. 24361820F0058		4. Requisition/Reference No.		
5. Issuing Office (Address correspondence to) OPO - PHILADELPHIA US Office of Personnel Management 600 ARCH STREET Suite 2000 Philadelphia PA 19106-1596		a. Name of Consignee Employment Services, Washington, DC		
		b. Street Address Office of Personnel Management 1900 E St NW		
		c. City Washington	d. State DC	e. Zip Code 20515-0001
7. To		f. Ship Via		
a. Name of Contractor HealthEquity Inc		8. Type of Order		
b. Company Name		<input type="checkbox"/> a. Purchase Reference Your Contract 24361820D0002	<input checked="" type="checkbox"/> b. Delivery	
c. Street Address 15 SCENIC POINTE DRIVE, STE. 100		Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated. Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.		
d. City DRAPER	e. State UT			

9. Accounting and Appropriation Data				10. Requisitioning Office	
11. Business Classification (Check appropriate box(es))					12. F.O.B. Point
<input type="checkbox"/> a. Small	<input checked="" type="checkbox"/> b. Other Than Small	<input type="checkbox"/> c. Disadvantaged	<input type="checkbox"/> d. Women-Owned	<input type="checkbox"/> e. HUBZone	Destination
<input type="checkbox"/> f. Service-Disabled	<input type="checkbox"/> g. Women-Owned Small Business (WOSB) Eligible Under the Women-Owned Small Business Program	<input type="checkbox"/> h. Economically Disadvantaged Women-Owned Small Business (WOSB)			

13. Place of		14. Government B/L No.	15. Deliver to F.O.B. Point on or Before (Date)	16. Discount Terms
a. Inspection Destination	b. Acceptance Destination			

17. Schedule (See reverse for Rejections)

Item No. (a)	Supplies or Services (b)	Quantity Ordered (c)	Unit (d)	Unit Price (e)	Amount (f)	Quantity Accepted (g)
	DUNS Number: 793506390 This Task Order is issued to provide Federal Flexible Spending Account(FSAFEDS) Administration Services to the enrolled employees from The Office of Personnel Management for the period identified below. Continued ...					

18. Shipping Point		19. Gross Shipping Weight		20. Invoice No.		17(h) Total (Cont. pages)
21. Mail Invoice to						
See billing instructions on reverse	a. Name				\$27,825.00	17(i) Grand Total
	b. Street Address		Invoice as per Instructions in Individual Task Orders			
	c. City		d. State	e. Zip Code	\$27,825.00	

20. United States of America by (Signature)	23. Names (Typed) Barbara A. Hansen Title: Contracting/Ordering Officer
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Continuation

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Date of Order 07/28/2020	Contract No. 24361820D0002	Order No. 24361820F0058
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Item No. (a)	Supplies/Services (b)	Quantity Ordered (c)	Unit (d)	Unit Price (e)	Amount (f)	Quantity Accepted (g)
00002	<p>Invoicing per schedule stated in Contract 24361820D0002.</p> <p>Invoice instructions (agency specific) are attached.</p> <p>Admin Office: OPO - DC US Office of Personnel Management 1900 E St. NW Washington DC 20415-7710</p> <p>Period of Performance: 01/01/2021 to 12/31/2021</p> <p>Base Period One Services - 01/01/2021 through 12/31/2021, includes: HCFSA Administration, \$2.65/participant/month LE HCFSA Administration \$2.65/participant/month DCFSA Administration, \$2.65/participant/month Quantities of each are based upon Open Season Enrollment numbers as provided.</p> <p>Quantities may change based on additional (out of season) enrollments, and modification may be necessary to account for those quantity changes.</p> <p>The total amount of award: \$27,825.00. The obligation for this award is shown in box 17(i).</p>				27,825.00	

Total Carried Forward to 1st page (Item 17(h))

\$27,825.00

1752.232-70 Invoice Requirements Large Business (Oct 2012)

- (a) A proper invoice must include the following items (except for interim payments on cost reimbursement contracts for services):
- (1) Name and address of the contractor.
 - (2) Invoice date and invoice number. (Contractors should date invoices as close as possible to the date of transmission.)
 - (3) Contract number or other authorization for supplies delivered or services performed (including order number and contract line item number).
 - (4) Description, quantity, unit of measure, unit price, and extended price of supplies delivered or services performed.
 - (5) Shipping and payment terms (*e.g.*, shipment number and date of shipment, discount for prompt payment terms). Bill of lading number and weight of shipment will be shown for shipments on Government bills of lading.
 - (6) Name and address of contractor official to whom payment is to be sent (must be the same as that in the contract or in a proper notice of assignment).
 - (7) Name (where practicable), title, phone number, and mailing address of person to notify in the event of a defective invoice.
 - (8) Taxpayer Identification Number (TIN). The contractor must include its TIN on the invoice only if required by agency procedures. (See 4.9 TIN requirements.)
 - (9) Electronic funds transfer (EFT) banking information.
 - (i) The contractor shall have submitted correct EFT banking information in accordance with the applicable solicitation provision (*e.g.*, 52.232-38, Submission of Electronic Funds Transfer Information with Offer), 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 Than Central Contractor Registration), or applicable agency procedures.
 - (ii) The last four digits of the contractor's bank account must be shown on each invoice submitted for payment. This information will be used as a cross-reference in situations where the EFT banking information in the Central Contract Registration is suspect.
 - (iii) EFT banking information is not required if the Government waived the requirement to pay by EFT.
 - (10) The vendor's certification that their EFT banking information in the Central Contractor Registration is current, accurate and complete as of the date of the invoice.
 - (11) Any other information or documentation required by the contract (*e.g.*, evidence of shipment).
- (b) Any invoice that does not contain all of the information listed in paragraph (a) above will be rejected as improper, and a new complete corrected invoice must be submitted. The payment due date for the corrected invoice will be calculated from the date it is received in the Prompt Pay e-mail box.
- (c) ALL large business invoices—without exception—must have unique identifying numbers, and be submitted via e-mail to OPM's Prompt Pay e-mail box at: PromptPay@opm.gov
Please note that OPM cannot guarantee payment of invoices sent by any other means, such as regular mail or e-mail to other addresses.
- (d) Please attach only one invoice to each e-mail, and use the following format for the subject line of the e-mail: <Contractor name>&<Invoice no>&<Amount>&<Contract Number>/<Call or Order Number>
Example: ABC Co&AB-1298433&10000.00&OPM00-00-X-0000/X0000
- (e) Payment due dates will only be calculated from the date that invoices are received in the Prompt Pay e-mail box.
- (f) Inquiries regarding payment of invoices should be e-mailed to InvoiceInquiries@opm.gov. The relevant invoice must be attached to the inquiry e-mail, and the subject line of the e-mail must state "INQUIRY," followed by the information described in paragraph (d) above.

Example: INQUIRY: ABC Co&AB-1298433&10000.00&OPM00-00-X-0000/X0000

Do NOT use the Prompt Pay e-mail box for inquiries.

- (g) If the supplies, services, technical or other reports are rejected for failure to conform to the technical requirements of the contract, or for damage in transit or otherwise, the invoice will be rejected and returned to the Contractor.

SAMPLE