

SECTION A
FORT SILL CONSOLIDATED CHAPLAINS' FUND
NON-APPROPRIATED FUND (NAF)
CONSOLIDATED CHAPLAINS' FUND (CCF)
CONTRACT

Non-Appropriated Fund (NAF) Contract – No appropriated funds of the United States shall become due or be paid by reason of this contract.

Contract Number:	2. Date:	3. Purchase Request Number:
4. Issued by and Payment by: Fort Sill Consolidated Chaplains' Fund Bldg. 463 Fort Sill, Oklahoma 73503	5. Administered by:	MARK ALL INVOICES AND PAPERS WITH THE CONTRACT NUMBER
6. Name and Address of Contractor:	7. Primary Place of Service:	DELIVER VERIFIED INVOICES TO ADDRESS SHOWN IN BLOCK 4 FOR PROMPT PAYMENT
8. Program Element Supported:	9. Program Element Chaplain's Office Location:	10. Program Element Chaplain Office Phone Number:
11. Title of Contract: (Details provided in Sections B and C)	12. Total Amount _____ Not to Exceed _____ or _____ Estimated _____	

13. **ACCEPTANCE:** The Contractor hereby accepts the offer represented by this numbered contract, subject to all the terms and conditions set forth in Sections A - I and agrees to perform the same.
 (Modifications will be noted as such and signed separately.)

14. Signature of Contractor (Printed Name and Title)	15. Date:
16. Signature of CCF Contracting Officer:	17. Date:

Verification of 1 Time Service

18. Service identified in Block 11 has been received and conforms to the terms of the Contract: YES / NO

19. Signature of Verifying Officer (Printed Name and Title):	20. Date
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