

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-03-P-0037	<b>2. Delivery Order/Call No.</b>	<b>3. Date Of Order/Call (YYYYMMDD)</b>  2002OCT31	<b>4. Requisition/Purch Request No.</b>  SEE SCHEDULE	<b>5. Priority</b>  DOA5
--	-----------------------------------	--	---	--------------------------------

<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CSC-A THERESA COFFENBERRY (309)782-4616 ROCK ISLAND IL 61299-7630  EMAIL: COFFENBERRYT@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> DCMA ATLANTA 805 WALKER STREET SUITE 1 MARIETTA GA 30060-2789	<b>Code</b>	S1103A	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)
			<b>SCD A</b>	<b>PAS NONE</b>	<b>ADP PT HQ0338</b>	

<b>9. Contractor</b>  F N MANUFACTURING INC 797 CLEMSON ROAD COLUMBIA SC 29229  Name and Address  TYPE BUSINESS: Large Business Performing in U.S.	<b>Code</b>	3S679	<b>Facility</b>	<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE	<b>11. X If Business Is</b>  <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
				<b>12. Discount Terms</b>	<b>13. Mail Invoices To the Address in Block</b> See Block 15

<b>14. Ship To</b> SEE SCHEDULE	<b>Code</b>		<b>15. Payment Will Be Made By</b> DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264	<b>Code</b>	HQ0338	<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>
------------------------------------	-------------	--	---	-------------	--------	---

<b>16. Type of Order</b>	<b>Delivery/Call</b>	<b>This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.</b>				
		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation DAAE2002T0394, Dated _____, furnish the following on terms specified herein.				
	<b>Purchase</b> <input checked="" type="checkbox"/>	Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.				

Name Of Contractor	Signature	Typed Name And Title	Date Signed (YYYYMMDD)
--------------------	-----------	----------------------	------------------------

If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE					
18. Item No.	19. Schedule Of Supplies/Service SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price	20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount
	KIND OF CONTRACT: Supply Contracts and Priced Orders				

<b>* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</b>	<b>24. United States Of America</b>  / SIGNED/ By: SUZANNE K MCGREGOR /SIGNED/ MCGREGORS@RIA.ARMY.MIL (309)782-3127 <b>Contracting/Ordering Officer</b>	<b>25. Total</b>	\$23,136.00
		<b>29. Differences</b>	

<b>26. Quantity In Column 20 Has Been</b>  <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  Date _____ Signature Of Authorized Govt Representative _____	<b>27. Ship. No.</b>	<b>28. D.O. Voucher No.</b>	<b>30. Initials</b>	<b>32. Paid By</b>	<b>33. Amount Verified Correct For</b>
	<input type="checkbox"/> Partial <input type="checkbox"/> Final				<b>34. Check Number</b>
<b>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final				<b>35. Bill Of Lading No.</b>

<b>37. Received At</b>	<b>38. Received By</b>	<b>39. Date Received</b>	<b>40. Total Containers</b>	<b>41. S/R Account Number</b>	<b>42. S/R Voucher No.</b>
------------------------	------------------------	--------------------------	-----------------------------	-------------------------------	----------------------------

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-03-P-0037 MOD/AMD

Name of Offeror or Contractor: F N MANUFACTURING INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																					
0001	SUPPLIES OR SERVICES AND PRICES/COSTS  <u>Supplies or Services and Prices/Costs</u>																									
0001AA	<u>PRODUCTION QUANTITY</u>  NSN: 1005-01-278-6898 NOUN: STOCK,GUN,SHOULDER FSCM: 19200 PART NR: 12556939 SECURITY CLASS: Unclassified PRON: M121S893M1 PRON AMD: 02 ACRN: AA AMS CD: 0700116Z6ZA  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC SUPPL <table border="0"> <tr> <td><u>REL CD</u></td> <td><u>MILSTRIP</u></td> <td><u>ADDR</u></td> <td><u>SIG CD</u></td> <td><u>MARK FOR</u></td> <td><u>TP CD</u></td> </tr> <tr> <td>001</td> <td>W52H092171A151</td> <td>W25G1U</td> <td>J</td> <td></td> <td>1</td> </tr> </table> <table border="0"> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> </tr> <tr> <td>001</td> <td>1,200</td> <td>29-JAN-2003</td> </tr> <tr> <td>002</td> <td>1,200</td> <td>28-FEB-2003</td> </tr> </table> FOB POINT: Destination  SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-03-P-0037/0000	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	001	W52H092171A151	W25G1U	J		1	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>	001	1,200	29-JAN-2003	002	1,200	28-FEB-2003	2400	EA	\$ 9.64000	\$ 23,136.00
<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>																					
001	W52H092171A151	W25G1U	J		1																					
<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>																								
001	1,200	29-JAN-2003																								
002	1,200	28-FEB-2003																								
0002	<u>Supplies or Services and Prices/Costs</u>  <u>DATA ITEM</u>  NOUN: DD FORM 1423 SECURITY CLASS: Unclassified Contractor will prepare and deliver the technical data in accordance with the requirements, quantities and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A.  A DD 250 IS NOT REQUIRED.  (End of narrative B001)		EA	\$ ** NSP **	\$ ** NSP **																					

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**  
**PIIN/SIIN** DAAE20-03-P-0037 **MOD/AMD**

**Name of Offeror or Contractor:** F N MANUFACTURING INC

<b>ITEM NO</b>	<b>SUPPLIES/SERVICES</b>	<b>QUANTITY</b>	<b>UNIT</b>	<b>UNIT PRICE</b>	<b>AMOUNT</b>
	<p><u>Inspection and Acceptance</u> INSPECTION: Destination      ACCEPTANCE: Destination</p>				

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**Page 4 of 4**

**PIIN/SIIN** DAAE20-03-P-0037

**MOD/AMD**

**Name of Offeror or Contractor:** F N MANUFACTURING INC

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG					JOB	ACCOUNTING	OBLIGATED
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>			<u>ORDER</u>	<u>STATION</u>	<u>AMOUNT</u>
							<u>NUMBER</u>		
0001AA	M121S893M1	AA	2	97	X4930AC6G 6D	26FB S11116		W52H09	\$ 23,136.00
	0700116Z6ZA								
								TOTAL	\$ 23,136.00

SERVICE							ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>					<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6G 6D	26FB S11116			W52H09	\$ 23,136.00
							TOTAL	\$ 23,136.00