

ORDER FOR SUPPLIES OR SERVICES

1. Contract/Purch Order/Agreement No. DAAE20-01-P-0211	2. Delivery Order/Call No.	3. Date Of Order/Call (YYYYMMDD) <i>20010313</i>	4. Requisition/Purch Request No. SEE SCHEDULE	5. Priority DOA5
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6. Issued By TACOM-ROCK ISLAND AMSTA-LC-CSC-A SUE MCGREGOR (309)782-3127 ROCK ISLAND IL 61299-7630 EMAIL: MCGREGORS@RIA.ARMY.MIL	Code W52H09	7. Administered By (If other than 6) DCMC PITTSBURGH FEDERAL BLDG ROOM 1612 1000 LIBERTY AVENUE PITTSBURGH PA 15222-4190	Code S3911A	8. Delivery FOB <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other (See Schedule if other)
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9. Contractor GENERAL MFG CO 3249 INDUSTRIAL BLVD P O BOX 115 BETHEL PARK PA 15102 Name and Address TYPE BUSINESS: Other Small Business Performing in U.S.	Code 1HU06	Facility	10. Deliver To FOB Point By (Date) (YYYYMMDD) SEE SCHEDULE	11. X If Business Is <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
			12. Discount Terms 0.50% 10 Days Net 30 Days 1/2% 10 DAYS, NET 30	13. Mail Invoices To the Address in Block See Block 15

14. Ship To SEE SCHEDULE	Code	15. Payment Will Be Made By DFAS COLUMBUS CENTER DFAS-CO-JNC/MINUTEMAN PO BOX 182266 COLUMBUS OH 43218-2362	Code SC1032	Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2
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16. Type of Order	Delivery/Call	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.		
		Reference your <input type="checkbox"/> Oral; <input checked="" type="checkbox"/> Written Quotation DAAE2001T0026, Dated _____, furnish the following on terms specified herein.		
	Purchase <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)
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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				

* 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.	24. United States Of America <i>Kristan A. Mendoza</i> By: KRISTAN A MENDOZA MENDOZAK@RIA.ARMY.MIL (309)782-0243 Contracting/Ordering Officer	25. Total	\$10,309.50	29. Differences	
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26. Quantity In Column 20 Has Been <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 _____	27. Ship. No. <input type="checkbox"/> Partial <input type="checkbox"/> Final	28. D.O. Voucher No.	30. Initials	25. Total \$10,309.50	29. Differences
36. I certify this account is correct and proper for payment Date _____ Signature And Title Of Certifying Officer _____	31. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final	32. Paid By	33. Amount Verified Correct For	34. Check Number	35. Bill Of Lading No.
37. Received At	38. Received By	39. Date Received	40. Total Containers	41. S/R Account Number	42. S/R Voucher No.