

ORDER FOR SUPPLIES OR SERVICES

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1. Contract/Purch Order/Agreement No. DAAE20-01-P-0430		2. Delivery Order/Call No.		3. Date Of Order/Call (YYYYMMDD) 03 JUL 2001		4. Requisition/Purch Request No. SEE SCHEDULE		5. Priority DOAS			
6. Issued By TACOM-ROCK ISLAND AMSTA-AQ-ARCC MARTA E RODRIGUEZ (309)782-5719 ROCK ISLAND IL 61299-7630 EMAIL: RODRIGUEZ@RIA.ARMY.MIL			Code WS2N09		7. Administered By (If other than 6) DCM TWIN CITIES 3001 METRO DRIVE BLOOMINGTON MN 55425-1573			Code S2401A		8. Delivery FOB <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other	
9. Contractor Name and Address OHLER MACHINERY CO 501 MAPLE STREET JANESVILLE IA 50647 TYPE BUSINESS: Other Small Business Performing in U.S.			Code 00299		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 0.01% 10 Days Net 30 Days		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 WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381			Code HQ0339		Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2	
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.									
Purchase		Reference your <input type="checkbox"/> Oral; <input checked="" type="checkbox"/> Written Quotation DAAE2001T0278, Dated 2001JUN13 furnish the following on terms specified herein.									
		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.									
Ohler Machinery Co			Signature <i>Jim Mastain</i>			Jim Mastain, Shop			200100702		
Name Of Contractor			Signature			Typed Name And Title			Date Signed (YYYYMMDD)		
<input checked="" type="checkbox"/>		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				25. Total		546,826.85	
				By: <i>3 Jul 01</i> JOYCE L. KLEIN KLEIN@RIA.ARMY.MIL (309)782/5051				29. Differences			
26. Quantity In Column 20 Has Been				27. Ship. No.		28. D.O. Voucher No.		30. Initials			
<input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted				<input type="checkbox"/> Partial <input type="checkbox"/> Final		32. Paid By		33. Amount Verified Correct For			
Date _____ Signature Of Authorized Govt Representative _____				31. Payment				34. Check Number			
36. I certify this account is correct and proper for payment				<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final				35. Bill Of Lading No.			
Date _____ Signature And Title Of Certifying Officer _____				40. Total Containers		41. S/R Account Number		42. S/R Voucher No.			
37. Received At		38. Received By		39. Date Received							