

ORDER FOR SUPPLIES OR SERVICES

1. Contract/Purch Order/Agreement No. DAAE20-00-D-0004	2. Delivery Order/Call No. 0012	3. Date Of Order/Call (YYYYMMDD) 2002SEP25	4. Requisition/Purch Request No. SEE SCHEDULE	5. Priority DXA5
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6. Issued By TACOM-ROCK ISLAND AMSTA-LC-CAC-A CHERYL CALLISON (309)782-4843 ROCK ISLAND IL 61299-7630 EMAIL: CALLISONC@RIA.ARMY.MIL	Code	W52H09	7. Administered By (If other than 6) DCMA GRAND RAPIDS RIVERVIEW CENTER BLDG 678 FRONT AVE NW GRAND RAPIDS MI 49504-5352	Code	S2303A	8. Delivery FOB <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other (See Schedule if other)
			SCD A	PAS NONE	ADP PT SC1012	

9. Contractor • BORISCH MFG CORPORATION 4511 EAST PARIS AVENUE, S.E. Name and Address GRAND RAPIDS MI 49512-4010 • TYPE BUSINESS: Other Small Business Performing in U.S.	Code	01BB2	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	
					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/MINUTEMAN DIVISION PO BOX 182266 COLUMBUS OH 43218-2266	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	<input checked="" type="checkbox"/>	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 type="checkbox"/> Written Quotation, Dated _____, 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.			

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 By: DAVE ELLIOTT /SIGNED/ ELLIOTTD@RIA.ARMY.MIL (309)782-3814	25. Total	\$6,081.36
		29. Differences	

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.	28. D.O. Voucher No.	30. Initials	
		<input type="checkbox"/> Partial <input type="checkbox"/> Final	32. Paid By	33. Amount Verified Correct For
36. I certify this account is correct and proper for payment _____ Date Signature And Title Of Certifying Officer		<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		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.
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CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-00-D-0004/0012 MOD/AMD	Page 2 of 4
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Name of Offeror or Contractor: BORISCH MFG CORPORATION

SUPPLEMENTAL INFORMATION

THIS DELIVERY ORDER 0012 IS OBLIGATED IN THE TOTAL AMOUNT OF \$6,081.36 IN ORDER FOR BORISCH MFG. TO TEST PART NUMBER DAC703SH IN ACCORDANCE WITH THE ATTACHED SCOPE OF WORK.

*** END OF NARRATIVE A 001 ***

CONTINUATION SHEET

Reference No. of Document Being Continued
 PIIN/SIIN DAAE20-00-D-0004/0012 MOD/AMD

Name of Offeror or Contractor: BORISCH MFG CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT									
0001	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>SERVICES LINE ITEM</u></p> <p>NOUN: TEST PART NUMBER DAC703SH SECURITY CLASS: Unclassified PRON: 472GAC0347 PRON AMD: 01 ACRN: AA AMS CD: 123207NC000 CUSTOMER ORDER NO: 0090026</p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u></p> <table border="0"> <tr> <td>DLVR SCH</td> <td></td> <td>PERF COMPL</td> </tr> <tr> <td><u>REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DATE</u></td> </tr> <tr> <td>001</td> <td>0</td> <td>15-DEC-2002</td> </tr> </table> <p style="text-align: right;">\$ 6,081.36</p>	DLVR SCH		PERF COMPL	<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>	001	0	15-DEC-2002				<p style="text-align: right;">\$ 6,081.36</p>
DLVR SCH		PERF COMPL												
<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>												
001	0	15-DEC-2002												

CONTINUATION SHEET

Reference No. of Document Being Continued

PIIN/SIIN DAAE20-00-D-0004/0012

MOD/AMD

Name of Offeror or Contractor: BORISCH MFG CORPORATION

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG	JOB	ACCOUNTING	OBLIGATED
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u> <u>STAT</u>	<u>ORDER</u>	<u>STATION</u>	<u>AMOUNT</u>
0001	472GAC0347	AA 2	21 22020000025R5R02P12320725FB S20113	2GAAIM W56HZV \$	6,081.36
123207NC000					
					TOTAL \$ 6,081.36

SERVICE	ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>STATION</u>	<u>AMOUNT</u>
Army	W56HZV \$	6,081.36
	TOTAL \$	6,081.36