

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b> DAAE20-00-D-0042	<b>2. Delivery Order/Call No.</b> 0004	<b>3. Date Of Order/Call (YYYYMMDD)</b> 2002JUL23	<b>4. Requisition/Purch Request No.</b> SEE SCHEDULE	<b>5. Priority</b> DXA5
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<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CAC-A CAROL C RIVARD (309)782-3272 ROCK ISLAND IL 61299-7630  EMAIL: RIVARDC@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> DCMA BOSTON 495 SUMMER STREET BOSTON MA 02210-2138	<b>Code</b>	S2206A	<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 SC1012</b>	

<b>9. Contractor</b>  • ASSURANCE TECHNOLOGY CORP 84 SOUTH STREET Name and Address: CARLISLE MA 01741-0000  • TYPE BUSINESS: Other Small Business Performing in U.S.	<b>Code</b>	8L918	<b>Facility</b>		<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE	<b>11. X If Business Is</b> <input checked="" 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-JNB/BUNKER HILL P O BOX 182077 COLUMBUS OH 43218-2077  Payment will be made by Electronic Funds Transfer	<b>Code</b>	SC1016	<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>
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<b>16. Type of Order</b>	<b>Delivery/Call</b>	<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.
	<b>Purchase</b>		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:

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

* 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>24. United States Of America</b>  By: ROXANNE SPURGETIS /SIGNED/ SPURGETISR@RIA.ARMY.MIL (309)782-4886	<b>25. Total</b>	\$138,593.00
		<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>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____	<input type="checkbox"/> Partial	<b>32. Paid By</b>	<b>33. Amount Verified Correct For</b>		
	<input type="checkbox"/> Final		<b>34. Check Number</b>		
	<input type="checkbox"/> Complete		<b>35. Bill Of Lading No.</b>		
	<input type="checkbox"/> Partial				
	<input type="checkbox"/> Final				

<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>
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**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 4****PIIN/SIIN** DAAE20-00-D-0042/0004**MOD/AMD****Name of Offeror or Contractor:** ASSURANCE TECHNOLOGY CORP

## SUPPLEMENTAL INFORMATION

Army Embedded Global Positioning System Receiver (AEGR)

1. The purpose of this Delivery Order is to:
  - a. Extend the Option Acceptance Period to 31 August 2002; and,
  - b. Award the following 100% Option Requirement:

CLIN 0003AA

Systems Technical Support (STS)

TOTAL ESTIMATED COST:	\$126,067.00
FEE	11,346.00
COM	<u>1,180.00</u>
CEILING TOTAL PRICE:	\$138,593.00

2. Promptly notify the Contracting Officer upon reaching 80% of the ceiling price.
3. All other terms and conditions of the basic contract, DAAE20-00-D-0042, remain unchanged.

\*\*\* END OF NARRATIVE A 001 \*\*\*



**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** DAAE20-00-D-0042/0004 **MOD/AMD**

**Name of Offeror or Contractor:** ASSURANCE TECHNOLOGY CORP

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>			
0002AA	472SSU0947	AA	2	21	22033000025R5R02P31206531E9	S20113	2GAAU1	W56HZV \$	138,593.00
	31206500023								
							TOTAL	\$	138,593.00

SERVICE			ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>	<u>STATION</u>	<u>AMOUNT</u>
Army	AA	21 22033000025R5R02P31206531E9 S20113	W56HZV	\$ 138,593.00
			TOTAL	\$ 138,593.00