

ORDER FOR SUPPLIES OR SERVICES						Form Approved	Page 1 Of 5
1. Contract/Purch Order No. DAAE20-00-P-0331		2. Delivery Order No.		3. Date Of Order 2000JUN22	4. Requisition/Purch Request No. SEE SCHEDULE		5. Certified for National Defense Under DMS Reg 1 Priority DOA5
6. Issued By TACOM-ROCK ISLAND TEST DOCUMENT TESTING DOCUMENT (309) 782-0000 ROCK ISLAND IL 61299-7630  EMAIL: TEST			Code W52H09	7. Administered By (If other than 6) PR ACALA ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000  SCD C PAS NONE ADP PT W52H09		Code W52H09	
9. Contractor TESTING DOCUMENT ONLY PLEASE DISREGARD DISREGARD, PLEASE 52806-0000			Code 11111	Facility Code	10. Deliver To FOB Point By (Date) SEE SCHEDULE		11. Mark If Business Is <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
TYPE BUSINESS: Large Business Performing in U.S.					12. Discount Terms		
14. Ship To SEE SCHEDULE			Code	15. Payment Will Be Made By COMMANDER, USA ARMAMENT MUNITIONS AND CHEMICAL COMMAND ROCK ISLAND IL 61299-6000		Code W52H09	Mark All Packages And Papers With Contract Or Order Number
16. T O Y R P D E E R O F	Delivery	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
	Purchase	X	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	
<input 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 KIND OF CONTRACT: Supply Contracts and Priced Orders			20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount
* If quantity accepted by the Government is sameas quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. United States Of America By: JEANNINE BRYANT BRYANTJ2@RIA.ARMY.MIL (309) 782-6429		25. Total 29. Differences	\$50.00
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	
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
37. Received At	38. Received By	39. Date Received	40. Total Containers	41. S/R Account No.	42. S/R Voucher No.		35. Bill Of Lading No.

**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 5****PIIN/SIIN** DAAE20-00-P-0331**MOD/AMD****Name of Offeror or Contractor:** TESTING DOCUMENT ONLY

SUPPLEMENTAL INFORMATION

THIS IS A TESTING DOCUMENT ONLY. THIS IS A TESTING DOCUMENT ONLY. PLEASE DISREGARD.

\*\*\* END OF NARRATIVE A001 \*\*\*

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-00-P-0331 MOD/AMD

Name of Offeror or Contractor: TESTING DOCUMENT ONLY

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>	5	EA	\$ ** N/A **	\$ 50.00																					
	NSN: 1005-00-123-1234 NOUN: TEST PRON FOR BEANER SECURITY CLASS: Unclassified PRON: M10JEANBM1 PRON AMD: 01 ACRN: AA AMS CD: 1234567																									
	<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>W52H090173JB01</td> <td>W45G19</td> <td>J</td> <td></td> <td>3</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>2</td> <td>30-SEP-2000</td> </tr> <tr> <td>002</td> <td>1</td> <td>06-JUL-2001</td> </tr> </table>	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	001	W52H090173JB01	W45G19	J		3	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>	001	2	30-SEP-2000	002	1	06-JUL-2001				
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002	1	06-JUL-2001																								
	FOB POINT: Destination																									
	SHIP TO: <u>PARCEL POST ADDRESS</u> (W45G19) XU W390 RED RIVER MUNITIONS CTR FIELD SERVICE AMMUNITION TEXARKANA TX 75507-5000																									
	<u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-00-P-0331/0000																									
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	SHIP TO: <u>PARCEL POST ADDRESS</u> (Y00000) SHIPPING INSTRUCTIONS FOR CONSIGNEE (SHIP TO) WILL BE FURNISHED PRIOR TO SCHEDULED DELIVERY DATE FOR ITEM REQUIRED UNDER THIS REQUISITION.																									
	<u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-00-P-0331/0000																									

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**MOD/AMD**

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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>				
0001AA	M10JEANBM1	AA 1	21	0220330000065650112345672672	S11116	W52H09	\$	50.00	
							TOTAL	\$	50.00

SERVICE	ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>STATION</u>	<u>AMOUNT</u>
Army	W52H09	\$ 50.00
		TOTAL \$ 50.00

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LIST OF ATTACHMENTS

<u>List of</u> <u>Addenda</u>	<u>Title</u>	<u>Date</u>	<u>Number</u> <u>of Pages</u>	<u>Transmitted By</u>
Exhibit A	TESTING DOCUMENT	22-JUN-00	001	